



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2017 SEP -6 AM 7:56

CITY CLERK
SALEM, MASS.

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month 1 Date 23 Year 2017 Ending Month 8 Date 24 Year 2017

Type of report: (Check one)

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

Domingo Dominguez

Full Name of Candidate (if applicable)

Council at Large

Office Sought and District

18 Raymond Rd Salem

Residential Address

978-815-1089

Tel. No. (optional)

Domingo Dominguez

Committee Name

Anderson Peña

Name of Committee Treasurer

18 Raymond Rd Salem MA

Committee Mailing Address

978-815-1089

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 2,224
Line 3: Subtotal (line 1 plus line 2) \$ 2,224
Line 4: Total expenditures this period (page 3, line 14) \$ 2,023.29
Line 5: Ending balance (line 3 minus line 4) \$ 200
Line 6: Total in-kind contributions this period (page 4) \$
Line 7: Total (all) outstanding liabilities (page 4) \$
Line 8: Name of bank(s) used Eastern 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:

Anderson Peña
Treasurer's signature (in ink)

9/4/17
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

Domingo Dominguez
Candidate signature (in ink)

9/4/17
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.

This page may be copied 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)
	Nestor Grullon	\$ 20 00	
	Tyler Terry	\$ 20 00	
	Elvis Alvarez	\$ 30 00	
	Brendon Murphy	\$ 20 00	
	Mosana Donally	\$ 30 00	
	Marsha Finkelstein	\$ 20 00	
	Kris Wilgen	\$ 25 00	
	James Remus Jr	\$ 35 00	
	Betty Pea	\$ 25 00	
	Stephen Dibble	\$ 25 00	
	Mr. Rob Luths	\$ 50 00	
	Steven Pinto	\$ 50 00	
	Mary Manning	\$ 50 00	
	Alberto Calvo	\$ 100 00	
	GandE tech group	\$ 100 00	
Line 9: Total receipts in excess of \$50 (or listed above)		275 00	
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

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.

This page may be copied 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)
	Eduardo Tejada	\$ 200 00	197 Essex St. Lynn
	Rosemary O'Connor	\$ 25 00	
	Mary P. Annker	\$ 100 00	
	Fuzzy Ahusland	\$ 100 00	
	Kara McLaughlin	\$ 200 00	68 Peabody St. Salem
	Stephen Lovely	\$ 100 00	
	Paul Prevey	\$ 100 00	
	Sand D. Patrolevic	\$ 100 00	
	Boston Private	\$ 100 00	
	Patrick Cortis	\$ 100 00	
	Mary Bongy	\$ 100 00	
	Marion Blandette	\$ 199 00	
	Mereague Marked	\$ 200 00	197 Essex St. Lynn MA
Line 9: Total receipts in excess of \$50 (or listed above)		275 00	
Line 10: Total receipts \$50 and under* (not listed above)		1749 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,024 00	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.

This page may be copied 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	
1/23/17	Salem Margin St.	2 Margin St. Salem	greeting cards	\$ 49	00
4/21/17	Brother's Taverna	283 Derby St. Salem		\$ 100	00
4/13/17	Staples	17 Paradise Salem	printing supplies	\$ 15.	40
5/19/17	The Rainbow Line			199	
6/24/17	Full color signs	26 Joyce St. Lynn	palm cards	\$ 325	00
7/7/17	Family Dollar	138 Canal St Salem		\$ 7	35
7/7/17	Dunking Donuts	201 canal St. Salem	food	\$ 22	98
7/7/17	Staples	17 paradise St. Salem	supplies	\$ 9	55
7/8/17	Brothers Taverna	283 Derby St. Salem		\$ 15	64
7/21/17	Dunking Donuts	152 Washington Salem	food	\$ 21	39
7/22/17	Staples	17 paradise Salem	Supplies	\$ 9	55
7/22/17	Full color signs	26 Joyce St. Lynn	palm cards	\$ 325	00
7/22/17	Full color signs	26 Joycest. Lynn	palm cards	\$ 325	00
8/7/17	Salem Margin	2 Margin St. Salem	greeting cards	\$ 3.	93
8/23/17	Salem Margin	2 Margin St. Salem	greeting cards	\$ 24.	50
8/23/17	Label signs	2 Mount Vernon St. Lynn	18x24 signs	\$ 285	00
8/24/17	Label signs		18x24 signs	\$ 285	00
Line 12: Expenditures over \$50				1844	00
Line 13: Expenditures \$50 and under*				179	29
Line 14: TOTAL EXPENDITURES				2,023	29

Enter on page 1, line 4

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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* 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: OUTSTANDING LIABILITIES (ALL)	