



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: 2015 OCT 26 P 3:40  
City or Town Clerk or Election Commission

FILE # Please print or type all information, except signatures.

## Fill in dates:

Reporting Period Beginning Month 1 Date 1 Year 15 Ending Month 10 Date 16 Year 15

## Type of report: (Check one)

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

HEATHER ELIZABETH FAMICO

Full Name of Candidate (if applicable)

CITY COUNCIL WARD 2

Office Sought and District

195 ESSEX ST #2B

Residential Address

Tel. No. (optional)

HEATHER FAMICO, COMMITTEE TO ELECT

Committee Name

KALE, JENNIFER

Name of Committee Treasurer

195 ESSEX ST SALEM MA

Committee Mailing Address

Tel. No. (optional)

## SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ [REDACTED] 327.21  
Line 2: Total receipts this period (page 2, line 11) \$ 3960.00  
Line 3: Subtotal (line 1 plus line 2) \$ 4287.21  
Line 4: Total expenditures this period (page 3, line 14) \$ 2981.54  
Line 5: Ending balance (line 3 minus line 4) \$ 1305.67  
Line 6: Total in-kind contributions this period (page 4) \$ 650.00  
Line 7: Total (all) outstanding liabilities (page 4) \$   
Line 8: Name of bank(s) used SALAM FIVE

## 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:

Treasurer's signature (in ink)

10/25/15  
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:

Candidate signature (in ink)

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.*

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)
* See additional page *				
	[REDACTED]			
<b>Line 9: Total receipts in excess of \$50 (or listed above)</b>		3400	—	Enter on page 1, line 2
<b>Line 10: Total receipts \$50 and under* (not listed above)</b>		560	—	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		3960	—	

\* 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	
6/13/15	BUSA WING & SPIRITS	21 TRADERS WAY, SALEM	beverages	352	94
6/15/15	JAGOLTA, RICH	41 CHESTNUT SALEM	rental	200	00
9/4/15	MINIT PRINT	40 BOSTON ST SALEM	printing	751	19
8/6/15	MINIT PRINT	40 BOSTON ST SALEM	printing	745	97
[REDACTED]					
6/18/15	ROOST	40 FRONT ST. SALEM	cards	64	98
9/26/15	STEGELICH, NICK		signs	499	18
Line 12: Expenditures over \$50				2614	29
Line 13: Expenditures \$50 and under*				367	28
Line 14: TOTAL EXPENDITURES				2981	54

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
6/14/15	FAMICO, DONALD	74 PRATCIST	BAND	400
6/14/15	DRIVAS, JOHN LISA		FOOD	250
Line 15: In-kind over \$50				650.00
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				650.00

Enter on page 1, line 6

\* 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
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7



Boris	John	5 Bedford Street	Salem	MA	100 check	6/14/2015
Bradt	Hale & Dorothy	11 Church Street #201	Salem	MA	250 online / check	9/6/2015
Bradt	Hale & Dorothy	11 Church Street #201	Salem	MA	50 check	6/14/2015
Brewer	Roland & Ruth Ann	19 Sylvester Ave	Beverly	MA	100 check	6/14/2015
Casey	Sharon and Christop	6 Knights Hill Road	Marblehead	MA 01945	100 check	6/20/2015
Chayet	Neil and Martha	Winter Street	Salem	MA	100 check	6/14/2015
Driscoll	Kimberley & Nicholas	16 Glenn Ave	Salem	MA	50 check	6/14/2015
Erickson	Thomas	PO Box 122	Prides Crossing	MA	150 check	6/14/2015
Eschauzier	Peter & Jan	15 1/2 River Street	Salem	MA	100 check	6/14/2015
Famico	JoAnne	74 Proctor Street	Salem	MA	500 check	6/14/2015
Gaddipati	Krishna	116R Highland Ave	Salem	MA	50 check	6/14/2015
Gerard	Andrew & Beth	49 Larchmont Road	Salem	MA	50 check	6/14/2015
Harris, Annie & Lippman	Andrew	28 Chestnut Street	Salem	MA	50 check	6/14/2015
Jackson	Deborah	17 Warren Street	Salem	MA	50 check	6/14/2015
Jenkins	Linda Dini	18 Broad Street	Salem	MA	100 check	6/14/2015
Johnson	Cynthia & Richard	13 River Street	Salem	MA	50 check	6/14/2015
Keenan Committee		68 Dearborn Street	Salem	MA	50 check	6/14/2015
Kendall	Robert & Janet	95 Federal Street	Salem	MA	50 check	6/14/2015
Kinley, Gary & Christiansen,	Roger Lee	46 Chestnut Street	Salem	MA	50 check	6/14/2015
Lally	Matthew	8 Lathrop St #3	Salem	MA	50 check	9/20/2015
Lucas	Larissa	15 River Street	Salem	MA	100 check	6/14/2015
Macione	Linda & Dan	1 Lee Street	Peabody	MA	50 check	6/14/2015
McKee	Elvira	11 Church Street #408	Salem	MA	50 check	6/14/2015
McKee	Vera Lee	4 Union Street #3C	Salem	MA	50 check	6/14/2015
Millar	Geoffrey	18 Forest Ave	Salem	MA	50 check	6/14/2015
Montoni	Elizabeth	25 Settlers way	Salem	MA	50 check	6/14/2015
Pabich	Diane & Richard	35 Winter Island Road	Salem	MA	250 check	6/14/2015
Ricciarelli	Elizabeth & Daniel	397 Essex Street #1	Salem	MA	100 check	6/14/2015
Robinson	Cynthia & John	18 Conant Street	Salem	MA	50 check	6/14/2015
Savy	Joseph & Nancy	25 Neptune Street	Beverly	MA	100 check	6/14/2015
Shaughnessy	Brian	4 Broad Street	Salem	MA	50 check	6/14/2015
Shepard	Karen	108 Leach Street	Salem	MA	100 check	6/14/2015
Sirianni	Louis	6 Botts Court	Salem	MA	100 check	6/14/2015



Swartz	Barbara	47 Washington Sq. N	Salem	MA	100 check	6/14/2015
Walsh	Charles & Joyce	2 Salt Wall Lane	Salem	MA	50 check	6/14/2015
Ware, Tracy & Murray, Iaian		7 Mall Street	Salem	MA	100 check	6/14/2015
Weedon	Hans & Janet	1A Daniels St Ct	Salem	MA	50 check	10/18/2015

