



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

2015 SEP 21 A 9:07

FILE #
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 January 1 2015 Ending September 11 2015

Type of report: (Check one)

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

Pamela J. Lombardini
Full Name of Candidate (if applicable)
Salem City Council Ward 6
Office Sought and District
3 Larch Avenue
Residential Address
Salem, MA
Tel. No. (optional)

Committee to Elect Pamela J. Lombardini
Committee Name
Tina L Cook
Name of Committee Treasurer
2 Friend St
Committee Mailing Address
Salem MA 01970
978-601-3716
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 5526.00
Line 3: Subtotal (line 1 plus line 2) \$ 5526.00
Line 4: Total expenditures this period (page 3, line 14) \$ 3549.84
Line 5: Ending balance (line 3 minus line 4) \$ 1976.16
Line 6: Total in-kind contributions this period (page 4) \$ 20.00
Line 7: Total (all) outstanding liabilities (page 4) \$ 0
Line 8: Name of bank(s) used Century 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:

Tina L Cook
Treasurer's signature (in ink)

Sept 21, 2015
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:

Pamela J. Lombardini
Candidate signature (in ink)

Sept. 21, 2015
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)
6-1-15	Abby Burns 11 Locust St Salem	50 00	
5-18	Maureen Carr 10 Manning St	50 00	
5-18	Bukia + Stanley Chavine St 13 Hilltop St Peabody	100 00	
5-18	Jaelyn Corriveau 11 Linden St Salem	200 00	Unknown
5-18	Frank Cousins Sheriff of Essex County	50 00	
5-18	Maryann Cortin 35 Forrester St Salem	50 00	
5-18	Domingo Dominguez 18 Raymond Rd	75 00	
6-2	Andrew Felt 0 Felt Way	200 00	analyst
5-18	Veronica Giufre 9 Bayview Circle	100 00	
5-18	Manuel Giufre 9 Bayview Circle	100 00	
8-1	Robert Haas 26 Lee St	50 00	
5-18	Nedine + Wayne Hanson 10 Bayview Circle	100 00	
5-18	John + Sally Hayes 21 Fairmont	50 00	
6-1	Susan Hultstrom 41 Felt St	50 00	
5-18	LeLa Kallas 4 Bayview Circle	50 00	
Line 9: Total receipts in excess of \$50 (or listed above)			
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.

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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)
5-18	Keenan COMMITTEE - Salem University	100.00	
5-10	Jack Kinee 36 felt st	100.00	
5-18	TOM + @ valun Lawnsby 72 Stafford st Hamilton	100.00	
5-16	Paul Lombardini 215 Valley Brook Rd Feeding Hills, MA	50.00	
5-18	Mary madre 1 East Forrester st	50.00	
6-1	Maryellen Manning 80A Lowell st Peabody	100.00	
5-18	anne Manning Martin 37 Dexter st Peabody	200.00	DOC
5-18	John martin 37 Dexter st Peabody	200.00	engineer
6-2	adrienne + Bill McKinnon 2 Dearborn Lane	75.00	
5-18	Dan Meegan 65 Dearborn st	100.00	
8-13	Beverlie McSwiggan 30 Japonica st	100.00	
5-18	Sally Millice 14 Manning st	200.00	Yoga Inst
5-18	John Moustakis 23 Dearborn st	100.00	
5-18	Ben moustakis 23 Dearborn st	100.00	
5-18	Kaela Murphy 70 Dearborn st	100.00	
Line 9: Total receipts in excess of \$50 (or listed above)			
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

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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)
5-18	Peter + Sophia O'Brien 66 Dearborn St	200.00	business owner
5-18	John + Michelle O'Flaherty 2 Larch St	100.00	
5-18	Frank + Marcia Pellitteri Fercraft Danvers ma	100.00	
5-18	Steve Pinto 55 Columbus Ave	75.00	
5-18	Ronald Pante 4 Larch Ave	100.00	
5-18	Paul Preuy 26 Tremont St	100.00	
5-24	Chuck Puleo 5 Freeman St	100.00	
5-18	Loretta Rainville 33 Dearborn St	50.00	
5-18	Bob + Mary Reardon 2 Larch Ave Sabon	200.00	Nurse
8-3	John Riley 30 Ja Perica St	100.00	
5-18	Bob + Judy St. Pierre 4 Larch Ave	50.00	
5-18	Julie Shea 45 Dearborn	50.00	
5-18	Bill + Marie Story 25 Story St Peabody	100.00	
5-18	Mike + Patricia Sadowski 17 Collins St	100.00	
5-5	Louise Swiharski 56 Felt St	100.00	
Line 9: Total receipts in excess of \$50 (or listed above)			
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)
5-18	Charlotte Thornton 7 Cushing St	50.00	
5-25	Ken and Mary Trochi 15 Edge St Ipswich Ma	100.00	
5-18	Janet Vincze Unknown	50.00	
Line 9: Total receipts in excess of \$50 (or listed above)		4875.00	
Line 10: Total receipts \$50 and under* (not listed above)		651.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		5526.00	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	
6-3	Comm. to elect Jerry Ryan	4 Nichol St	donation	50	00
4-21	Connolly Printing	17 Gill St Woburn	Invitations	445	39
6-22	Connolly Printing	17 Gill St Woburn MA	Signs/Frames	674	69
6-24	Connolly Printing	17 Gill St Woburn	Palm Cards	584	38
5-26	Cooneil on Aging	5 Broad St	Donation	75	00
6-27	Pamela J Lombardini	3 Larch Ave	Reimbursement	500	00
8-17	Pamela J Lombardini	3 Larch Ave	reimbursement	440	00
5-18	Milk & Honey	Cart St Salem	fundraiser Kickoff	485	02
5-12	Moose Hall Salem	50 Braeest	donation Get Turn	50	00
5-12	Moose Hall	50 Braeest	Hall Rental	150	00
5-18	Stop Shop Ballons & Flowers	1600 St Peabody	For	300	03
5-18	Todd's Party	Peabody	Printing of Constitution	442	28
Line 12: Expenditures over \$50				3474	46
Line 13: Expenditures \$50 and under*				75	38
Line 14: TOTAL EXPENDITURES				3549	84

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	20.00
			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)	