Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

REGISTRAR OF VOTERS
2015 OCT 26 P 2:28
CITY OF MEDFORD

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 7-3-15 Ending Date: 10-26-15

Type of Report: (Check one)

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

George Scapelli
Candidate Full Name (if applicable)

Medford City Council
Office Sought and District

27 Butler St. Medford Ma.
Residential Address

Telephone Number (optional): 781 396 - 1129

Committee To Elect George Scapelli
Committee Name

John D. Ciarame
Name of Committee Treasurer

27 Butler St Medford Ma.
Committee Mailing Address

Telephone Number (optional): 781-396-1129

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	$ 3,116.49
Line 2: Total receipts this period (page 2, line 11)	$ 4,975.00
Line 3: Subtotal (line 1 plus line 2)	$ 8091.49
Line 4: Total expenditures this period (page 3, line 14)	$ 5,133.32
Line 5: Ending Balance (line 3 minus line 4)	$ 2958.17
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:	Bank of America

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: John D. Ciarame (Treasurer's signature) Date: Oct 26, 2015

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

☐ **Candidate with 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 financ 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**
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's signature) Date: 10/26/15

M.G.L. c. 55 requires that the name and residen... must keep detailed accounts and records of all receipts, but need only itemize those receipts over $50. In addition, the occupation and ... 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)
10/15	Patricia Hafner Buker 19 Meadow Vu Rd Wakefield	$200	Retired Teacher
10/15	Raymond Brady 27 Robinson Rd Medford	$100	
10/15	William Brady 17 Saltonstall Rd Medford	$100	
10/15	Domenic Camarra One Shipyard Way St G02	$100	
10/15	Mario DeVita 86 Paris St Medford	$100	
10/15	Kevin McDevitt 12 Cross St Malden	$100	
10/15	Charles Doherty Jr 12 Saltonstall Rd Medford	$100	
10/15	Ramon + Susan Deroccas 146 Traincroft Medford	$100	
10/15	David Deveney 165 Mystic Ave Medford	$100	
10/15	Francis Finn 110 Franklin St Watertown	$100	
10/15	Joseph Grande 20 Shipyard Ave Medford	$100	
10/15	Dana Gallup 3 Gleason St Medford	$100	

Line 9: Total Receipts over $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.

M.G.L. c. 55 requires that the name and residential address be rep[illegible] must keep detailed accounts and records of all receipts, but need only itemize those receipts over $50. In addition, the occupation and employ[illegible] 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)
10/15	Diane + Aldo Guarino 53 Upland Rd Burlington	$100	
10/15	Peter Iannuzzo 60 Warren St Waltham	$100	
10/15	Marsha McGlashing 7 Maine Ave Somerville	$100	
10/15	Rosalie Muscarella 64 Ellsworth St Medford	$100	
10/15	William OGonoshy 56 Dudley St Medford	$100	
10/15	Joseph Picillo 203 Fulton St Medford	$100	
10/15	Carolyn Resendes 76 Alexander Ave Medford	$100	
10/15	Debra + Richard Ryan 58 Doonan St Medford	$100	
10/15	Jimmy + Vivian Su 3rd St Medford	$100	
10/15	Larry + Lisa White 79 Vine St Medford	$200	Business Owner Autobaly
10/15	Brian Zapach 27 Joseph Way Reading	$100	

Line 9: Total Receipts over $50 (or listed above)	$ 2,500
Line 10: Total Receipts $50 and under* (not listed above)	$ 2,475
Line 11: TOTAL RECEIPTS IN THE PERIOD	$ 4,975 ← 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
10/15	City of Medford	George P. Hassett Dr Medford	Fee Parade	$100
9/21/15	City of Medford	George P Hassett Dr Medford	Fee Comm. Day	$100
10/15	Expertee's	Stoneham Ma	T-Shirts	$10
10/15	Kenwood + Forbes Printing	Malden Ma.	Printing	924.38
10/15	Kenwood + Forbes Printing	Malden Ma.	Printing	848.94
10/15	Markys Catering	Stoneham Ma.	Fundraiser Event	$1465.00
10/15	McCarthy Graphics	Revere Ma.	Signs Printed	$385.00
10/15	Monville Plaza	Stoneham Ma	Rental Fundraiser	$300.00

Line 12: Total Expenditures over $50 (or listed above)	$5,133.32
Line 13: Total Expenditures $50 and under* (not listed above)	—
Line 14: TOTAL EXPENDITURES IN THE PERIOD	$5,133.32

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

N/A

* 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.

Line 15: In-Kind Contributions over $50 (or listed above)	
Line 16: In-Kind Contributions $50 & under (not listed above)	
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	

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

N/A

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**	