



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance OF VOTERS

2015 AUG 25 A 9:36
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 6/6/15 Ending Date: CITY OF MEDFORD

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Mea Quinn Mustore
Candidate Full Name (if applicable)
School Committee
Office Sought and District
33 Morgan Ave Medford
Residential Address
Telephone Number (optional): 781 391 5909

Comm to Elect Mea Quinn Mustore
Committee Name
William Cookley
Name of Committee Treasurer
33 Morgan Ave Medford
Committee Mailing Address
Telephone Number (optional): 781 391 2598

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>—</u>
Line 2: Total receipts this period (page 2, line 11)	<u>1100.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1100.00</u>
Line 4: Total expenditures this period (page 3, line 14)	<u>—</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1100.00</u>
Line 6: Total in-kind contributions this period (page 4)	<u>—</u>
Line 7: Total (all) outstanding liabilities (page 4)	<u>—</u>
Line 8: Name of bank(s) used:	<u>Citizens Bank</u>

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: William Cookley (Treasurer's signature) Date: 8/24/15

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 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
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: Mea Quinn Mustore (Candidate's signature) Date: 8/24/15

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.

(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)
6/6/15	Erin Hayduk 688 8000 16 mt Vernon St Arlington MA 02476	100.00	
7/15	Ann O'Brien 183 Ashcroft Rd Medford MA 02155	100.00	
6/12/15	Friends of Michael S McElroy 1 Mammola Way Medford MA 02155	100.00	
8/11/15	Bernadette Coakley 25 Morgan Ave Medford MA 02155	325.00	Retired
7/7/15	John S Quinn 100 Foxfire Lane Unit 207 Naples, FL 34104	150.00	Retired
8/11/15	William F Coakley 25 Morgan Ave Medford MA 02155	325.00	Retired
Line 9: Total Receipts over \$50 (or listed above)		1100.00	
Line 10: Total Receipts \$50 and under* (not listed above)		—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1100.00	← 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 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
* 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)	
Enter on page 1, line 6 →			Line 16: In-Kind Contributions \$50 & under (not listed above)	
			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
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	



Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

REGISTRAR OF VOTERS

Office of Campaign and Political Finance

2015 AUG 25 A 9:36

Commonwealth of Massachusetts

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE: Full Name: Mea Quinn Mustone

Residential Address: 33 Morgan Ave

City / State / Zip: Medford MA 02155

E-Mail Address: meamustone@yahoo.com Phone #: 781 391 5909 (If applicable)

Party Affiliation: Democrat

OFFICE SOUGHT/PURPOSE:

Title: Schod Committee

District: Medford

COMMITTEE: Name of Committee: Committee to Elect Mea Quinn Mustone
(The name of the committee must include the candidate's last name)

Committee Mailing Address: 33 Morgan Ave

City / State / Zip: Medford MA 02155 Phone #: 781 391 5909

OFFICERS:	
<p>Chairman: <u>Melissa McInnis</u></p> <p>Residential Address: <u>3 Ashcroft Rd</u></p> <p>City / State / Zip: <u>Medford, MA 02155</u></p> <p>Phone #: <u>781 396 4460</u></p> <p>Other Officer/Title: _____</p> <p>Residential Address: _____</p> <p>City / State / Zip: _____</p> <p>Phone #: _____</p>	<p>Treasurer: <u>William Coakley</u></p> <p>Residential Address: <u>25 Morgan Ave</u></p> <p>City / State / Zip: <u>Medford MA 02155</u></p> <p>Phone #: <u>781 391 2598</u></p> <p>Other Officer/Title: _____</p> <p>Residential Address: _____</p> <p>City / State / Zip: _____</p> <p>Phone #: _____</p>

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Mea Quinn Mustone Date: 8/11/15
Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

William L Coakley Date: 8/11/15
Treasurer's signature

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Melissa McInnis Date: 8/11/15
Chairman's signature

IN E HAJDUK 03-04
WARD L HAJDUK
MOUNT VERNON ST
INGTON, MA 02476-6127

1131
67-448/539 SC
1605

6/10/15 Date

to the order of Committee to Elect Mea Mustone \$ 100.⁰⁰
one hundred ~~XX/100~~ Dollars



Bank of America
RT 053904483

Erin Hyland MP

⑆53904483⑆ 00078050⑆272⑆1131

REMITTANCE ADVICE

EZShield™ Check Fraud Protection for Business

53-139-113

5470

00/100 DOLLARS

CHECK AMOUNT



HR	GROSS	F.I.C.A.	FED WITH	STATE	DISC.

DESCRIPTION: Erin Mustone

\$ 100.-

Ann O'Brien

⑆1130⑆1390⑆⑆05 60708 6⑆

ENDS OF MICHAEL J. McGLYNN
MAMOLA WAY
WYFORD, MA 02155

5523
53-7148/2113

6/12/15 Date

to the order of Mea Quinn Mustone CMT \$100.⁰⁰
one hundred 00/100 Dollars



rooklineBank

DONATION

Clair M. Bndrea MP

⑆21137⑆1689⑆⑆0101041672⑆ 5523

RNADETTE M COAKLEY
LIAM F COAKLEY
100 ORGAN AVE
DORFORD, MA 02155-1019

5-7017/2110

8291

DATE 8/11/15

TO THE ORDER OF Comm. to Elect Mia Mustone \$ 325.00
THREE HUNDRED TWENTY FIVE ⁰⁰/₁₀₀ DOLLARS  Security Features Included. Details on Back.

Citizens Bank®

Signature: Rnnette M. Coakley MP
⑆ 1070175⑆ 1200069592⑆ 8291

Bank of America Advantage®

HN J QUINN
11 FOXFIRE LN APT 207
PLES FL 34104-4957

2636

53-13/110 MA
26574

DATE 7/7/15

order of Committee to Elect Mia Mustone \$ 150.00
ONE HUNDRED FIFTY ⁰⁰/₁₀₀ Dollars  Security Features Included. Details on Back.

Bank of America 

R/T 011000138

Signature: John Quinn MP
⑆ 1000138⑆ 000095080749⑆ 2636

RNADETTE M COAKLEY
LIAM F COAKLEY
100 ORGAN AVE
DORFORD, MA 02155-1019

5-7017/2110

8290

DATE Aug 11, 2015

TO THE ORDER OF Comm. to Elect Mia Mustone \$ 325.00
Three Hundred Twenty Five ⁰⁰/₁₀₀ DOLLARS  Security Features Included. Details on Back.

Citizens Bank®

Donation
Signature: William F. Coakley MP
⑆ 1070175⑆ 1200069592⑆ 8290