

10/2/13 - 7 PM



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Jan ^{Month} 1 ^{Date} 2013 ^{Year} Ending 10 ^{Month} 28 ^{Date} 2013 ^{Year}

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

Michael J. Marks
 Full Name of Candidate (if applicable)
City Council
 Office Sought and District
37 Wellington Rd Medford
 Residential Address
(781) 396-5387
 Tel. No. (optional)

Committee to Re-Elect Michael Marks
 Committee Name
Lisa or Michael Marks
 Name of Committee Treasurer
37 Wellington Rd Medford
 Committee Mailing Address
(781) 396-5387
 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>35.93</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>7,296.96</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>7,332.79</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>2,495.88</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>4,836.91</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>-0-</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>-0-</u>
Line 8: Name of bank(s) used	<u>Brookline 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:

Treasurer's signature (in ink) _____ 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) Michael Marks Date 11-7-13

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)
8-29-13	John Stocellg 20 Metcalf St Medford	300 00	Retired Dentist
8-7-13	William Boyd Jr 112 Grant Ave Medford	100 00	
8-8-13	Tim Brennan 62 Dwyer Circle Medford	100 00	
8-9-13	Michael Annunziato 232 Allendale Rd Chestnut Hill 02167	100 00	
8-12-13	Patricia Papq 52 Lewis St Boston 02113	100 00	
8-17-13	Robert Abruzzese 108 Pine Ridge Rd Medford	100 00	
8-17-13	Maria & Rick Baker 22 Summit Rd Medford	100 00	
8-19-13	Sei Bar 182 Main St Medford Jenk Inc DBA	200 00	Chef owner Sei Bar
8-23-13	Vincent & Donna Frattura 295 Governors Ave Medford	100 00	
8-24-13	Phyllis Marks 15 Hillcroft Park Medford	100 00	
8-27-13	Jim Silva Jr 115 Yale St Medford	100 00	
8-27-13	Doherty Family Trust 173 Webster St Medford	100 00	
9-6-13	Albert & Mary Jane Cangiano 20 Intervale Ave Medford	100 00	
9-8-13	Richard & Margaret Mahoney 74 Ripley Rd Medford	100 00	
10-13-13	Mass Laborers District Council 7 Laborers Way Hopkinton MA 01746	200 00	Mass & Northern New England Political League (CPFI) # 80479
8-7-13	Michael Marks	451 96	Billing Manager Mass General Hospital
Line 9: Total receipts in excess of \$50 (or listed above)		2000 00 2,351 96	
Line 10: Total receipts \$50 and under* (not listed above)		4945 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		7,296 96	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	
7-12-13	Adidas Printing	Salem St Medford	Invitations	260	31
7-20-13	US Postal Service	Forest St Medford	Stamps for mailing	184	00
8-13-13	Unlimited Votes.com 11440 West Sample Rd Coral Spring FL 33065	Coral Spring FL 33065	- Lawn Signs - memo pads	1,169	57
9-8-13	Raso's	Myrtle Ave Medford	Breakfast Fundraiser	697	00
Line 12: Expenditures over \$50				2310	88
Line 13: Expenditures \$50 and under*				185	00
Line 14: TOTAL EXPENDITURES				2495	88

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)	