



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

REGISTRAR OF VOTERS

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2013 OCT 29 P 7:04

Fill in dates:  
Reporting Period Beginning 01 / 01 / 2013 Ending 10 / 18 / 2013  
CITY OF MEDFORD

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

PALL A. CAMUSO  
Full Name of Candidate (if applicable)  
MEDFORD CITY COUNCIL  
Office Sought and District  
114 LINCOLN RD.  
Residential Address  
781-395-7946  
Tel. No. (optional)

THE CAMUSO COMMITTEE  
Committee Name  
ANTHONY T. REGAN  
Name of Committee Treasurer  
278 GROVE ST. MED.  
Committee Mailing Address  
781-395-7946  
Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>6.81</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>10,756.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>10,762.81</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>7,422.10</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>3,340.71</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0.00</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.  
[Signature] Signed under the penalties of perjury: 10/18/2013  
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.  
[Signature] Signed under the penalties of perjury: 10/18/2013  
Candidate signature (in ink) 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)
3/16/13	Paul Camuso 114 Lincoln Rd. MED.	100	00	
6/15/13	Howard Cohen Mass Ave, med.	100	00	
6/15/13	Mareen Crowley 31 Woodland Rd. med	100	00	
6/15/13	Friends of Paul Donato 48 MAURICE ST. med.	100	00	
6/15/13	John Casey 229 Playstead, med	100	00	
6/15/13	Paul Kalbostian 277 Main St. med	100	00	
6/15/13	Donna Giliberto 9 Lawrence Rd. med	100	00	
6/15/13	William Ogonosky 56 Dudley St. med	100	00	
6/15/13	Thomas Cantillon 20 Dianne Rd., med	100	00	
6/15/13	Robert Abruzese 92 High St #27 med.	100	00	
6/15/13	Frank Triungali 45 Golden ave. med	100	00	
6/28/13	Kevin O'Donnell 43 Crest Rd., med	100	00	
6/28/13	Richard Williams 16 Boston Ave, med	100	00	
6/28/13	June Ercolini 125 Circuit Rd. med.	100	00	
6/28/13	Maria Freda 138 Pine Ridge Rd. med	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)
6/28/13	Brian Lavers 7 Paul Rd., med	100 00	
6/28/13	Alphonse Frezza 19 Willis Ave, med	100 00	
6/28/13	Herbert Rubin 16 Powderhouse Rd Ext. Med	100 00	
6/28/13	Kristine Camuso 57 Samson Rd. med	100 00	
6/28/13	Louis Ferraro 7 Ashland Rd., med	100 00	
6/28/13	Ronald Laham 23 Lantern Rd. Med	100 00	
6/28/13	Harold MacGiluray II 4 Piedmont Rd. Med	100 00	
6/28/13	Friends of Michael McGlynn 1 Mammola Rd Med	100 00	
6/28/13	Diane McLaughlin 29 Roberts Rd. med	100 00	
6/28/13	Antoinette Rosselle 117 Harvard St. med	100 00	
6/28/13	Jeanne Femino 19 Woods Rd. Med	100 50	
6/28/13	Christine Dattero 5 Colings Circle, med	175 00	
6/28/13	Dorothy Rosa 112 Dover St., med	300 00	Nurse - letter sent
6/28/13	Ronald DeFranzo 421 High St.	400 00	Self-employed
7/7/13	Margaret Chisholm 78 Shepard Rd. med	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 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		
6/13/13	V.F.W.	114 Mystic Ave Med.	HALL RENTAL	150.	<u>00</u>	
6/13/13	KERNWOOD-FORBS Press	104 MAIN ST. Malden, MA.	PRINTING	503.	<u>63</u>	
6/13/13	A.J. MAIL	600 Research DR. #5 Wilmington, MA	MAILING	417	51	
7/7/13	MARTY'S CATERING	54 Montvale Ave Stoneham, MA.	Food	267.	50	
9/8/13	Bargain Spot Liquors	440 High St Medford	Refreshment for Voters	128	14	
9/20/13	Connolly Printing	173 Gil St. Woburn MA.	Printing	898	61	
10/2/13	Medford Patch		Advertising	659	33	
10/2/13	Kernwood - forbs Press	104 MAIN ST Malden, MA	Printing	993	44	
10/2/13	Medford Patch		Advertising	150	<u>01</u>	
10/6/13	Inside Medford (Alison Goldsberry)	35 Dudley St. Med.	Advertising	190.	<u>00</u>	
10/8/13	Medford Family Network	489 Wentthrop St. Medford	<del>Ad</del> Donation	100.	<u>00</u>	
10/8/13	A.J. Mailing	600 Research DR. #5 Wilmington, MA	MAILING	2115.	72	
10/11/13	Connolly Printing	173 Gil St. Woburn, MA.	Printing	401	63	
10/14/13	Laura Gaughan	56 Rural Ave. Medford	Photography	150.	<u>00</u>	
10/16/13	Italian - American Police	35 Center St. Burlington, MA	Donation	100.	<u>00</u>	
10/18/13	Derrico - McGlynn Flowers	76 High St. Medford, MA.	Funeral Arrange ment.	94	64	
				Line 12: Expenditures over \$50	7320.	<u>16</u>
				Line 13: Expenditures \$50 and under*	101.	<u>94</u>
				Line 14: TOTAL EXPENDITURES	7422.	<u>10</u>

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 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)
7/7/13	Kristen Meagher 109 Whittier Rd. Med.	100 <sup>00</sup>	
7/7/13	Vincent Piro Jr. 143 Century St. Etl. Med	100 <sup>00</sup>	
7/7/13	Mary Ellen Boherty 173 Woburn St. Med	100 <sup>00</sup>	
7/13/13	Kathleen Pasce 12 Thornton Dr. Burlington	500 <sup>00</sup>	Homemaker
7/13/13	David Skerry 0 Governors Ave, Med	100 <sup>00</sup>	
8/12/13	Mary Rosati 130 Lawrence St., med	100 <sup>00</sup>	
8/13/13	Louis Frank 7 Canal St., med	100 <sup>00</sup>	
9/20/13	Sharon Stephens 32 Welgate Rd, med	250 <sup>00</sup>	Homemaker
9/20/13	Boston Carpenters Union #589 295 Devonshire St. 5th fl. Boston	500 <sup>00</sup>	
10/13/13	Carpenters Local 218 35 Salem St., med	250 <sup>00</sup>	
10/13/13	Teamsters Local 25 Boston 544 Main St. med	250 <sup>00</sup>	
10/13/13	Mass N. NE Laborers Union District # 7 Laborers Wg Hookinton Med	500 <sup>00</sup>	
Line 9: Total receipts in excess of \$50 (or listed above)		6,425. <sup>00</sup>	
Line 10: Total receipts \$50 and under* (not listed above)		4,331. <sup>00</sup>	
Line 11: TOTAL RECEIPTS IN THE PERIOD		10,756. <sup>00</sup>	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.  
Page 2

**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)	