



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

REGISTRAR OF VOTERS

2014 JAN 24 A 8:33

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

CITY OF MEDFORD

Fill in dates: Reporting Period Beginning

Month	Date	Year	Month	Date	Year
10	28	2013	12	31	2013

 Ending

Type of report: (Check one)

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

Frederick N. Dello Russo Jr

Full Name of Candidate (if applicable)

Medford City Council

Office Sought and District

357 MAIN ST

Residential Address

Medford, MA 02155

Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>6938.34</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>3655</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>10,593.34</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1710.09</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>8883.25</u>
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	_____

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)

None

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)

Frederick N. Dello Russo Jr

Date

24 Jan 2014

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)
11/8	Joseph Calogero 37 Albina St Medford	100	-	
"	JAMES Conscience 29A Elliot St. Medford	100	-	
"	JOEY DECATOSTARO 30 Summit Rd Medford, MA	70	-	retired
"	PINO GAROZZO 72 High St Medford	70	-	
"	Deanna Oronum 1 Colony Rd Woburn, MA 01801	200	-	teacher/student U. MASS
"	David P. Deveney 165 Mystic Ave Medford	200	-	Monument Maker Self.
"	Salvatore Giliberto 9 Laurence Rd Medford	400	-	retired.
"	MARY GIORDANO 19 Sunset Ave Medford	100	-	
"	Anthony Giglio 269 Spring St Medford	70	-	
"	Lorenzo Lepore 101 Main St Medford MA 02155	70	-	
"	Amato Lepore Jr 381 Hall Ave Medford MA 02155	70	-	
"	John Malon 21 Grove St Medford	70	-	
"	Lorraine Luongo 145 4th St Medford	70	-	
"	Correlia + Paul McGulvaney 25 Beach St Woburn MA 01801	100	-	
"	Michael Nolan 21 Sunset Rd Stanham MA 02150	100	-	
Line 9:	Total receipts in excess of \$50 (or listed above)	3070	-	1590
Line 10:	Total receipts \$50 and under* (not listed above)	595		
Line 11:	TOTAL RECEIPTS IN THE PERIOD	3665	-	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)
11/8	Paul Kaloustian 272 Main St Medford	100	
11/8	Committee for Better Govt Box 6 293 Boston, MA 02114	\$350	Anti Committee for good Govt
11/8	Robert Palmieri 122 Farm St. Wakefield, MA 01890	100	
11/8	Frances Santini 32 Hamilton Ave. Medford	100	
11/8	William Wood 25 Russell Rd Medford	70	
11/8	Michael Wells 3 Hart Place Woburn	100	
11/8	Richard Wolfson 16 Bradley Rd Medford	70	
		890	
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 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)	