



# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

CITY CLERKS OFFICE  
2016 JAN 19 PM 7:37

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

<b>Line 1:</b> Ending Balance from previous report	<input type="text" value="8593.34"/>
<b>Line 2:</b> Total receipts this period (page 3, line 11)	<input type="text" value="900.00"/>
<b>Line 3:</b> Subtotal (line 1 plus line 2)	<input type="text" value="9493.34"/>
<b>Line 4:</b> Total expenditures this period (page 5, line 14)	<input type="text" value="999.79"/>
<b>Line 5:</b> Ending Balance (line 3 minus line 4)	<input type="text" value="8493.55"/>
<b>Line 6:</b> Total in-kind contributions this period (page 6)	<input type="text"/>
<b>Line 7:</b> Total (all) outstanding liabilities (page 7)	<input type="text" value="1500.00"/>
<b>Line 8:</b> Name of bank(s) used:	<input type="text"/>

**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: Meghan Needham (Treasurer's signature) Date:

**FOR CANDIDATE FILINGS ONLY: 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: [Signature] (Candidate's signature) 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.*

**(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)
10/29/15	MA & No New England Laborers' District Council 7 Laborers Way, Hopkinton, MA 01748	250.00	
10/29/15	Erin Haggerty 49 Elm Street Boston, MA 02129	500.00	Medical Device Sales
11/9/15	Michael Donaghey 20 Thistle Road Woburn, MA 01801	100.00	
Line 9: Total Receipts over \$50 (or listed above)		850.00	
Line 10: Total Receipts \$50 and under* (not listed above)		50.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>900.00</b>	← 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
10/17/15	PayPal	2221 North First Street San Jose, CA 95131	Bank Fees	1.75
10/20/15	Woburn Host Lions	PO Box 81 Woburn, MA 01801	Donation	100.00
11/14/15	Bank of America	PO Box 15019 Wilmington, DE 19886-5019	advertising/campaign luncheon	204.30
12/4/15	Social Capital Inc	165 New Boston Street Woburn, MA 01801	Donation	100.00
12/21/15	Daily Times Chronicle	1 Arrow Drive Woburn, MA 01801	advertising	593.74
Line 12: Total Expenditures over \$50 (or listed above)				999.79
Line 13: Total Expenditures \$50 and under* (not listed above)				0.00
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				999.79

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.









# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input style="width: 90%;" type="text" value="11.14.15"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Richard Haqqerty Credit Card Reimbursement via Bank of America"/>
Committee Name:	<input style="width: 95%;" type="text"/>
CPF ID Number (if applicable):	<input style="width: 20%;" type="text"/> Telephone Number (optional): <input style="width: 20%;" type="text"/>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10.31.15	Facebook	1 Hacker Way Menlo Park, CA 94025	Advertising	109.60
10.24.15	Great Mandarin Restaurant	186 Cambridge Road Woburn, MA 01801	campaign luncheon	94.70

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 95%;" type="text" value="204.30"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 95%;" type="text"/>
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<input style="width: 95%;" type="text" value="204.30"/>

<b>Signed under the penalties of perjury:</b>	
<p>_____</p> <p>Signature of Candidate / Treasurer</p>	<p>Date: <input style="width: 90%;" type="text"/></p>

Please prepare a separate report for each reimbursement check issued by the committee.



*Rich Haggerty #2009*

**From:** Facebook Ads Team <advertise-noreply@support.facebook.com>  
**To:** Rich Haggerty <rmhags@aol.com>  
**Subject:** Your Facebook Ads Receipt (Account ID: 38703733)  
**Date:** Sat, Oct 31, 2015 6:12 am

### Receipt for Rich Haggerty (Account ID: 38703733)

Your billing threshold is currently \$250.00. Learn more about your billing threshold and how billing works.

### Summary

**AMOUNT SPENT**  
**\$109.60 USD**  
MasterCard \*1720

**PRODUCT TYPE**  
**Facebook Ads**

**FROM**  
**Sep 29, 2015**  
12:00 AM

**TO**  
**Oct 29, 2015**  
11:59 PM

**CAMPAIGN**

**RESULTS**

**AMOUNT**

[09/18/2015] Promoting Alderman at Large Richard M. Haggerty

**3,414**  
Impressions

**\$73.31**

Alderman at Large Richard M... - Page Likes

**1,704**  
Impressions

**\$19.82**

Post: "Great day at the Halloween Parade! Wonderful job..."

**1,491**  
Impressions

**\$10.00**

Post: "The James L. McKeown Boys & Girls Club of Woburn..."

**847**  
Impressions

**\$6.47**

**TOTAL**

**\$109.60**

Transaction ID: 877727099009285-1642060

Thanks,  
The Facebook Ads Team

[Manage Your Ads](#)

[See Full Receipt](#)

This is an automated message. Please do not reply. If you have questions about ads, you can get help. You can also manage your email notification settings for this ad account.

Facebook, Inc., Attention: Department 415, PO Box 10005, Palo Alto, CA 94303

THE GREAT W... IN RESTAURANT  
156 CAMP... RD. SUITE # 7  
... ..  
... ..

Slip

Merchant ID: 542923305852976

Term ID: 11000022

October 24, 2011 12:54 PM  
Batch#: 00044 ... ..

VISA Entry Method: S

XXXXXXXXXXXX0000

Seq. #: 0005 ... Code: 102116

Amount: \$ 94.70

Tip: ... ..

Total: ... ..

APPROVED

CUSTOMER COPY

THANK YOU!

*pd  
lv  
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TRANSACTION  
ENCRYPTED BY  
WORLDPAY  
REFERENCE ID:  
1510244440005