Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

CITY CLERKS OFFICE
2015 OCT 26 PM 3:23
WOBURN, MA 01801

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 11/1/15 Ending Date: 10/23/15

Type of Report: (Check one)

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

John Paladino
Candidate Full Name (if applicable)

Alderman WARD 6
Office Sought and District

72 Pearl St Woburn
Residential Address

Telephone Number (optional):

Committee to Elect John Paladino
Committee Name

Lisa A Bridge
Name of Committee Treasurer

72 Pearl St Woburn
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	—
Line 2: Total receipts this period (page 3, line 11)	3101
Line 3: Subtotal (line 1 plus line 2)	3101
Line 4: Total expenditures this period (page 5, line 14)	1413.87
Line 5: Ending Balance (line 3 minus line 4)	1687.13
Line 6: Total in-kind contributions this period (page 6)	—
Line 7: Total (all) outstanding liabilities (page 7)	—
Line 8: Name of bank(s) used:	Northern Bank & Trust.

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: Lisa A Bridge (Treasurer's signature) Date: 10/25/15

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: John Paladino (Candidate's signature) Date: 10/25/15

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)
	see attached.		

Line 9: Total Receipts over $50 (or listed above)	1877
Line 10: Total Receipts $50 and under* (not listed above)	1224
Line 11: TOTAL RECEIPTS IN THE PERIOD	3101 ← 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.

Date	Last Name	First Name	Business	Address	Total
9/4/2015	Cannon	Clare & Robert		49 Green St. Woburn, MA 01801	$ 100.00
9/15/2015	Dionne	Paul & Ann		175 Washington St. Winchester, MA 01890	$ 100.00
9/15/2015	Dwyer	Jimmy	Committee to Elect James Dwyer	4 Third Road, Woburn, MA 01801	$ 100.00
8/5/2015	Flaherty	John & Kathy		28 West St. Woburn, MA 01801	$ 1,000.00
8/31/2015	Jones	Marilyn & Courtney		225 Pheasant Ave. Arlington, MA 02474	$ 100.00
9/4/2015	Kakness	Greg	Landscape Express	218 New Boston St. Woburn, MA 01801	$ 100.00
9/21/2015	McCauley	C R	CR McCauley Adjusters	3 Naples Ave, Woburn, MA 01801	$ 75.00
8/24/2015	O'Brien	William & Vera		13 Ward St. Woburn, MA 01801	$ 100.00
9/4/2015	Raymond	Mike & Linda		10 N Maple Street, Woburn, MA 01801	$ 102.00
9/4/2015	Woolard	Danny	Woolard Contracting Inc.	One Eaton Lane, Woburn, MA 01801	$ 100.00
					$ 1,877.00
				Amounts $50 and under	$ 1,224.00
				Total	$ 3,101.00

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 9: Total Receipts over $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.

(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
	See attached			

	Line 12: Total Expenditures over $50 (or listed above)	1269.47
	Line 13: Total Expenditures $50 and under* (not listed above)	144.40
Enter on page 1, line 4 →	**Line 14: TOTAL EXPENDITURES IN THE PERIOD**	1413.87

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

Date Pd	To Whom Paid	Address	Purpose	
10/4/2015	BJ's	85 Cedar Street, Stoneham, MA 02180	Printer Ink	$ 77.54
10/6/2015	Carol Paladino	72 Pearl Street, Woburn, MA 01801	Door Hangers-Advertising	$ 197.91
9/24/2015	Woburn Daily Times	1 Arrow Drive Woburn, MA 01801	Ads	$ 204.00
9/4/2015	Deanna Savioli		DJ for Kickoff Party	$ 100.00
9/2/2015	Wegman's	53 Third Ave., Burlington, MA 01803	Food for Kickoff Party	$ 290.02
8/26/2015	Mark Gaffney	162 Winn Street. Woburn, MA 01801	Signs	$ 400.00
				$ 1,269.47
		Expenditures $50 and under		$ 144.40
				$ 1,125.07

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over $50 (or listed above)	
Line 13: Expenditures $50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over $50 (or listed above)	
Line 16: In-Kind Contributions $50 & under (not listed above)	
Line 17: TOTAL IN-KIND CONTRIBUTIONS	

Enter on page 1, line 6 →

* 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: TOTAL OUTSTANDING LIABILITIES (ALL)**

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: 10/6/15

Name of Individual Being Reimbursed: Carol Paladino

Committee Name: Committee to Elect John Paladino

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
8/8/15	A'Deas	7193. St Francis St. Wichita KS 67214	Door Hangers	197.91

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	197.91
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	197.91

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/28/15

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

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
		Page 2 Total (add to Line 1 on Page 1):		