



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

FITCHBURG CITY CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date: ^{15 OCT 2015} ^{17 10} _{October 15, 2015}

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

Jeffrey Bean
Candidate Full Name (if applicable)

Councillor at Large
Office Sought and District

1495 Pearl Hill Rd
Residential Address

Telephone Number (optional): 202-446-8140

Committee to Elect Jeff. Bean
Committee Name

Jacob Bean
Name of Committee Treasurer

1495 Pearl Hill Rd
Committee Mailing Address

Telephone Number (optional):

| SUMMARY BALANCE INFORMATION: | |
|--|--|
| Line 1: Ending Balance from previous report | <input type="text"/> <u>245.60</u> |
| Line 2: Total receipts this period (page 3, line 11) | <input type="text"/> <u>1500.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | <input type="text"/> <u>1745.60</u> |
| Line 4: Total expenditures this period (page 5, line 14) | <input type="text"/> <u>843.00</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <input type="text"/> <u>902.60</u> |
| Line 6: Total in-kind contributions this period (page 6) | <input type="text"/> <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 7) | <input type="text"/> <u>370.80</u> |
| Line 8: Name of bank(s) used: | <input type="text"/> <u>Webster First Credit Union</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: [Signature] (Treasurer's signature) Date: 10/15/15

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: (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) |
|---------------|---|--------|---|
| 10/9 | Ken Pasco 14 Oliver St Fitchburg | 100.00 | |
| 10/9 | Ken Ansin 17 Bryant Rd Lexington | 50.00 | |
| 10/9 | Rick Bascardin 87 Prospect St | 100.00 | |
| 10/9 | Paul Harding 314 N Dennis Rd Yarmouth | 200.00 | Housewife |
| 10/9 | Robert Babinew 215 Flat Rock Rd | 200.00 | Physician |
| 10/9 | Joe Carbone Franklin Rd | 400.00 | Retired |
| 10/9 | Gregg Liscio Jr 83 Orchard Hill Rd | 250.00 | Developer - Liscio Corp |
| 10/9 | Mike Montano 410 Sunnyside Rd Lowell | 200.00 | Member, Oil Corp |
| | | | |
| | | | |
| | | | |
| | | | |

Line 9: Total Receipts over \$50 (or listed above) 1500.00

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD 1500.00

← 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.

