



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning	Month	Date	Year	Ending	Month	Date	Year
	1	28	2015		3	17	2015

Type of report: (Check one)

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

Jennifer E. D'Eon
Full Name of Candidate (if applicable)

Selectman - Saugus
Office Sought and District

34 Myrtle St. Saugus MA 01906
Residential Address

781-231-1230
Tel. No. (optional)

N/A
Committee Name

N/A
Name of Committee Treasurer

N/A
Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$	<u>0</u>
Line 2: Total receipts this period (page 2, line 11)	\$	<u>301.73</u>
Line 3: Subtotal (line 1 plus line 2)	\$	<u>301.73</u>
Line 4: Total expenditures this period (page 3, line 14)	\$	<u>301.73</u>
Line 5: Ending balance (line 3 minus line 4)	\$	<u>0</u>
Line 6: Total in-kind contributions this period (page 4)	\$	<u>496.04</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$	<u>0</u>
Line 8: Name of bank(s) used		<u>Citizen's 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.

Signed under the penalties of perjury:

Treasurer's signature (in ink) _____ Date _____

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 SAUGUS, MASS.

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) Jennifer D'Eon Date 3/17/15

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 not 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)
1/28/15	Jennifer D'Eon 34 Myrtle St. Saugus MA.	301	73	Outpatient Registrar Hallmark Health Medford MA
Line 9: Total receipts in excess of \$50 (or listed above)		301	73	Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)		0		
Line 11: TOTAL RECEIPTS IN THE PERIOD		301	73	

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* 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
3/15/15	Save Saugus PAC		Political Meeting	496.04
Line 15: In-kind over \$50				496.04
Line 16: In-kind \$50 and under				-
Line 17: Total In-kind				496.04

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				0
Line 18: OUTSTANDING LIABILITIES (ALL)				0

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 TOWN OF SAUGUS, MASS.

434505

No.

2/5/15

RECEIPT DATE

\$ 75.00

DOLLARS

Jennifer D'Eon

Seventy five

Political Ad

FOR RENT FOR

ACCOUNT CHECK FROM

PAYMENT MONEY ORDER BY

BAL. DUE CREDIT CARD

Paid

[Signature]

Signs



More saving.
More doing.SM

564 BROADWAY, SAUGUS 781-231-9500
FREE ESTIMATES ROOFING SIDING WINDOWS

2653 00002 31324 03/05/15 10:26 AM
CASHIER KATHLEEN - KXY1673

093945051898 1X2X5 NO.2 <A> 30.36
 1X2-6 NO.2 PREMIUM PINE 11@2.76
 079340587455 PLPREMM40Z <A> 4.58
 FL PREMIUM CONSTRUCTION ADH 4 OZ

SUBTOTAL 34.94
 SALES TAX 2.18
 TOTAL \$37.12

XXXXXX2588 DEBIT 37.12
AUTH CODE 462607



2653 02 31324 03/05/2015 0853

RETURN POLICY DEFINITIONS
 POLICY ID DAYS POLICY EXPIRES ON
 A 1 9) 06/03/2015
 THE HOME DEPOT RESERVES THE RIGHT TO
 LIMIT / DENY RETURNS. PLEASE SEE THE
 RETURN POLICY SIGN IN STORES FOR
 DETAILS.

BUY ONLINE PICK-UP IN STORE
 AVAILABLE NOW ON HOMEDEPOT.COM.
 CONVENIENT, EASY AND MOST ORDERS
 READY IN LESS THAN 2 HOURS!

ENTER FOR A CHANCE
 TO WIN A \$5,000
 HOME DEPOT GIFT
 CARD!

Share Your Opinion With Us! Complete
 the brief survey about your store visit
 and enter for a chance to win at:

www.homedepot.com/opinion

COMPARTA SU OPINION EN UNA BREVE
 ENCUESTA PARA LA OPORTUNIDAD DE GANAR.

User ID:
H88 65590 62939

Password:
15155 62937

Entries must be entered by 04/04/2015.
 Entry must be in-store or enter.
 Limit one entry per person on website. No
 purchase necessary.

March 5, 2015

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TO: Jeffrey Cicolini

2015 APR 15 A 11:34

Scott Brazis

TOWN CLERK'S OFFICE
TOWN OF SAUGUS, MASS.

Jennifer D'Eon

Mark Mitchell

Please be advised that the Save Saugus PAC has spent \$496.04 on your behalf for the March 17, 2015 recall election. We are advising you of this so that you can indicate that amount as an in kind contribution on your March 9th campaign finance report.

Good Luck!

Kathy Magarian / Treasurer - Save Saugus PAC



Invoice

RECEIVED	
Date	Invoice #
2/27/2015	10639

2015 APR 15 A 11:34

Bill To
Committee to Elect Jennifer D'Eon 34 Myrtle Street Saugus, MA

TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.
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P.O. No.	Terms	Due Date	Rep	Ship Via	Woburn
	Mailings due in adv...	2/27/2015	KC	Del to Post Off	F.O.B.

Quantity	Item Code	Description	Price Each	Amount
125	Postcards	8.5" x 11" Postcards, full color, addressed, postal prep & mailed, w/union bug	0.43	53.75T
125	Postage	Postage	0.26	32.50

Pd. Ch. # 3538
3-5-15
Thank You!

<p>Thank You for doing business with Connolly Printing.</p> <p>In the event the customer doesn't pay in accordance to the payment terms above, the customer agrees to pay a late charge of 1.8% per month of the total amount of any late payment. The customer also agrees to pay any collection expenses incurred to collect any unpaid amounts, including a reasonable attorney's fee due to litigation arising out of collection of any unpaid amounts owed by customer. Pricing assumes a 2% discount for cash or checks. The 2% cash discount does not apply to credit cards and will be added back.</p>	Subtotal	\$86.25
	(6.25%)	\$3.36
	Total	\$89.61
	Payments/Credits	\$0.00
	Balance Due	\$89.61

Fax #	E-mail	Web Site
(781) 932-8544	kevinc@connollyprinting.com	www.connollyprinting.com