

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Massachusetts File with: City or Town Clerk or Election Commission
Il in Reporting Period dates: Beginning Date: 9/6/17 Ending Date: 10/28/17
pe 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) Candidate Full Name (if applicable) Committee Name Committee Name Committee Name Name of Committee Treasurer A Committee Mailing Address Residential Address Telephone Number (optional): Telephone Number (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) 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: Citizens Bank
Idavit of Committee Treasurer: Sertify 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 under 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. The deficiency of all persons acting under the authority or on behalf of this committee. 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. Condidate without Committee QR 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. 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 ate Received (alphabetical listing required)		Occupation & Employer (for contributions of \$200 or more)	
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	Or acces	+ do	nations	
			超島 刀	
			AN OF THE COLUMN	
			TO PE	
			SS CE	
ine 9: Total Recei	pts over \$50 (or listed above)		A	
ine 10: Total Rece	ipts \$50 and under* (not listed above)			
ine 11: TOTAL I	RECEIPTS IN THE PERIOD		Enter on page 1, linc 2 Id include only those receipts not itemized above.	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Linc 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	
10/19/1	Sachem	124 Main St, Sausus MA	Campaisn Signs	166	
10/19/17	SCTV	Pearce memorial Inc	(ampaish	\$ 25	
18/28/17	Vista print	online	Door 500 Hangers	\$ 134,	
			. 8 2. ***		
			7000 图		
			W 14 NOF SAI		
			D 12: 2	5	
			77.		
Line 12: Total Expenditures over \$50 (or listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
Enter on page 1, line 4 - Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$325	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 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
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	da	Sele	chim	
			OWN OF COMMON	
			RK'S O	
			2) FICE ASS.	
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 C	CONTRIBUTIONS	

^{*} 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.

Page 6

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.

s those liabilities incurred during this reporting period.					
Date Incurred	To Whom Due	Address	Purpose	Amount	
16/19/17	Jenni le	34 myrtle 34 myrtle 34 myrtle 5t	(ampaish Sign)	7 166	
Idala	Jennifer Em	zy myrale St	Campaist Ad	\$ 25	
1d28/D	Jenifur DEL	34 Met.	Door hangers	134.92	
			DIT NOV		
		J	LRK'S SAUGUS	Ė.	
			2:21 MASS.		
		Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	\$ 275.	

Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

Page 7

Online Banking | Citizens Bank

Check Image

Thomas D'Eon, Jr.

Jennifer E. D'Eon

34 Myrte Street
Saugus, MA 01906

PAY
TO THE ORDER OF

Citizens Bank
Massachusetts

FOR AC

1: 2110 70 1751: 1130843944119

Litter Saugus Massachusetts

Thomas D'Eon, Jr.

5-7017/2110

4114

4114

Application of the control of the control

0373 0307 20171023 00857 00085

Eastern Bank - Region 2 0373 0307 20171023 00857 00085 >011301798< S REPOSITOR

This is an image of an item (check, substitute check, or debit memo) which has posted to your account. Items resulting in a non-sufficient funds situation may not have been paid. Unpaid items will show as a credit item in your account history on the business date following the date the item was presented.

Jennifer Deon <jenndeon114@gmail.com>

Your Vistaprint Order Is Confirmed

FROM-HHS INS COORDINATION

Vistaprint <vistaprint@tm.vistaprint.com> Reply-To: Vistaprint <reply@vistaprint.com> To: jenndeon114@gmail.com

Sat, Oct 28, 2017 at 8:56 AM

Your Vistaprint Order Confirmation



Add Vistaprint to your address book

A My Account 3486-9453-0669

THANK YOU FOR YOUR ORDER

Your Order Number: G0D3X-H4A84-8Q2 • Track It

500

Hi Jennifer,

Here are your order details:

Order Date: 10/28/2017 Delivery Option (*): Express

You can expect to receive items in your order by: Large Door Hanger November 01

Payment Type: Discover

Order Summary



Large Door Hangers Large Door Hanger Qty: 500 Base Price

Black & White Back Side

Item Total

\$85.00

\$17.00

\$102.00

Merchandise: \$102.00 Sales Tax: \$7.93

Total: \$134.92

Shipping Charges: \$24.99



10 Campaign signs:

Order Date: 9/15/17

Pick up: 10/19/17

To: Jennifer D'Eon 34 Myrtle St, Saugus Ma 01906 781-231-1230

Price: \$166 PAID IN FULL



Sachem Signworks

Corey Berkowitch

124 Main 5t.

Saugus, MA 01906

781-941-8007

fax 781-941-8009

sachemsignworks.com

RECEIVED

2017 NOV 14 P 12: 21

TOWN CLERK'S OFFICE

TOWN OF SAUGUS, MASS.