FROM-HHS INS COORDINATION



Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

of Massachuserts 2017; DEC. A bie with: City or Youn Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Ending Date: TOWN CLERK'S OFFICE
Type of Report: (Check one)
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Jennite DEN
Candidate Full Name (if applicable)
Office Sought and District Name of Committee Treasurer
34 My He St. Saugus MA Residential Address Committee Mailing 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: CitiZhs Rank
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 helief, 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 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) 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 in activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. SS. 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 in activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the 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 penaltics of perjury: (Candidate's signature) Date: 2777

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.)

eport all receipts. Please include your committee name and a page number on each page.				
	Name and Residential Address (alphabetical listing required)	Атоипт	(for contributions of \$200 or more)	
Date Received	(aipnabeliess insting required)			
	I dd Yll	M+ _+	und raise	
	$\ \wedge \nabla - \mathcal{G}(C_{2}) \ $	H Co	ration)	
			20 To	
-			TOWN	
			SEE 2	
			CERK'S	
			OFFICE MASS.	
			NSS S	
	ll i			
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	
Line II: IOIAL	RECEII IO II III I III III	o O Tina 10 chou	ald include only those receipts not itemized above.	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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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	Campaign Signs	166
Islialia	SCTV	1 Pearce memoral In	(ampaish	\$ 25
16/28/17	Vista print	online	Door 580 Hangers	\$ 134.
11/7/17	Prince Pizza	517 Broadak	Election vesult celebration	4180
1117	TJ T		MUSIC For Prince	\$65-
			7	
			NN CLE WN OF S	REO
7			RK'S OF	
			SS. 55	Ö
<u> </u>	Line 12: Total Expenditures over \$50 (or listed above)			
Line 13: Total Expenditures \$50 and under* (not listed above)				
				\$570

Tif you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures no. abovc.

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.

	A Will Desired	Residential Address	Description of Contribution	Value
Date Received	From Whom Received*	58 Jaspen		
116	Jennife-Mission	e Saugus, mA	Call to Goo	240-
11/7	M'Giolamo	Sausus mA	Video /Truck advertisment	\$100
			TOWN	7.E
			LERK'S	
			MASS.	(ED)
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	100
	. a	Line 16: In-Kind Contributions	\$50 & under (not listed above)	\$40
	Enter on page 1, line 6 Line 17: TOTAL IN-KIND CONTRIBUTIONS Line 17: TOTAL IN-KIND 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.

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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
16/19/17	Jennile	34 myste	(ampaisn Sign)	\$ 166
141911	Jenniku Em	zy myrde st	Campaige Ad	\$ 25
1958/17	Jenifu	34 Mest.	Door hangers	134.9
11/7/12	Jennice	34 my Ale St	Pizza porty	\$170
11/7/17	Jenni ferster	34 myslest	114 25	65-
			70	20
			N OF SA	DEC 1
			GUS, MA	A
			S. CE	55
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	1510

Online Banking | Citizens Bank

Check Image

5-7017/2110	4114
10/19 20/7	
\$ 25	5.00
as pollars	A Second Installed
Lif Da	NP
<u> </u>	- 10 A
	10/19 20/7

0373 0307 20171023 00857 00085

S) DEPOSITOR

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

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

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

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 Hanger Qty: 500

Base Price

Black & White Back Side

Item Total

\$85,00

\$17.00

D

ç OI

\$102,00



RE-ELECT

Merchandise: \$102.00 Shipping Charges: \$24.99 Sales Tax: \$7.93

Total: \$134.92



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 St.

Saugus, MA 01906

781-941-8007

fax 781-941-8009

sachemsignworks.com

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