



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

Fill in Reporting Period dates: Beginning Date: 10/29/2019 Ending Date: 11/7/2019

Type of Report: (Check one)

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

JENNIFER ELAINE D'EON  
Candidate Full Name (if applicable)

SELECTMAN TOWN OF SAUGUS  
Office Sought and District

34 MYRTLE ST. SAUGUS MA 01906  
Residential Address

E-mail: jehndeon114@gmail.com

Phone # (optional): 781-520-0246

NO COMMITTEE  
Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

- 311.06

Line 2: Total receipts this period (page 3, line 11)

50.00

Line 3: Subtotal (line 1 plus line 2)

-261.06

Line 4: Total expenditures this period (page 5, line 14)

50.00

Line 5: Ending Balance (line 3 minus line 4)

-211.06

Line 6: Total in-kind contributions this period (page 6)

0.00

Line 7: Total (all) outstanding liabilities (page 7)

-211.06

Line 8: Name of bank(s) used:

EASTERN BANK (closed 11/7/2019)

### 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)

Date: \_\_\_\_\_

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with 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 that are not otherwise disclosed in this report.

#### Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: \_\_\_\_\_

(Candidate's signature)

Date: 1/20/20

## 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)
10/29/19	PETER MANOOGIAN 50 BALLARD ST. SAUGUS	\$ 50.00	
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		50.00	

← 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.





BCK-305 - Post Office Box 391, Lynn, MA 01903-0491

Customer Statement

Pg 1 of 2

Statement Period: Oct 01, 2019 thru Oct 31, 2019  
Account Number: 00601381803

065297



JENNIFER D'EON CAMPAIGN FUND  
34 MYRTLE ST  
SAUGUS MA 01906-4343

Summary - All Accounts

Type	Account #	Ending Balance
FREE BUSINESS CKG	00601381803	\$100.00
<b>TOTAL BALANCE</b>		<b>\$100.00</b>
<b>Total Balance</b>		<b>\$100.00</b>

FREE BUSINESS CHECKING - 00601381803

Date	Transaction Description	Withdrawal	Deposit	Balance
	<b>STARTING BALANCE</b>			<b>\$50.00</b>
✓ Oct 29	Deposit		50.00	

*Peter Manoosian*

Starting Balance: \$50.00  
Ending Balance: \$100.00  
Average Collected Balance: \$53.00

Number of Days in Period: 31  
Total Deposits/Credits: \$50.00  
Total Withdrawals/Debits: \$0.00

Balance Summary

Date	Balance	Date	Balance	Date	Balance	Date	Balance
10/29	100.00						

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BCK-305 - Post Office Box 391, Lynn, MA 01903-0491

## Customer Statement

Pg 1 of 3

Statement Period: Nov 01, 2019 thru Nov 30, 2019  
Account Number: 00601381803  
Number of Items Enclosed: 1

### Summary - All Accounts

Type	Account #	Ending Balance
FREE BUSINESS CKG	00601381803	\$0.00
<b>TOTAL BALANCE</b>		<b>\$0.00</b>
<b>Total Balance</b>		<b>\$0.00</b>

064610  
JENNIFER D'EON CAMPAIGN FUND  
34 MYRTLE ST  
SAUGUS MA 01906-4343

### FREE BUSINESS CHECKING - 00601381803

Date	Transaction Description	Withdrawal	Deposit	Balance
	<b>STARTING BALANCE</b>			<b>\$100.00</b>

Starting Balance: \$100.00  
Ending Balance: \$0.00  
Average Collected Balance: \$0.00

Number of Days in Period: 30  
Total Deposits/Credits: \$0.00  
Total Withdrawals/Debits: \$100.00

### Check Summary

Check No.	Date	Amount	Check No.	Date	Amount	Check No.	Date	Amount
✓ 9999	11/07	100.00	1001	Closed				

Total 1 Checks @ \$100.00 \* Indicates a skip in sequence † Indicates a substitute check

### Balance Summary

Date	Balance	Date	Balance	Date	Balance	Date	Balance
11/07	0.00						

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MEMBER FEDERAL DEPOSIT INSURANCE CORPORATION

ALL ITEMS ARE SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE AGREEMENT.  
ALL DEPOSITS AND PAYMENTS ARE ACCEPTED SUBJECT TO VERIFICATION AND COLLECTION.  
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL.

TR:20 329-32910 10/29/19 08:56 AM  
XXXXXXXXXXXX OK Deposit \$50.00

Thank you for banking with us.

*Deposit  
10/29/19*

EBF-0105 (10/11)



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EASTERN BANK CLIFTONDALE  
466 LINCOLN AVE  
SAUGUS MA 01906

*Account  
Closed  
11/7/19*

*Acct # 601381803  
Closed*

EBF-0105 (10/11)

53-179/113 1001

JENNIFER D'EON CAMPAIGN FUND  
34 MYRTLE ST.  
SAUGUS, MA 01906-4343

11/7/2019  
Jennifer Deon  
One Hundred Dollars

Eastern Bank  
Boston, MA 02110  
easternbank.com  
1-800-EASTERN

Campaign Expenses - Dea

0601381803 1001



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EASTERN BANK CLIFTONDALE  
466 LINCOLN AVE  
SAUGUS MA 01906

Act #601381803  
Closed



## 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
10/28/19	Jennifer D'Eon	34 Myrtle St., Saugus MA, 01906	Payment of candidate loan, \$311.06 owed	\$50
11/07/19	Jennifer D'Eon	34 Myrtle St., Saugus MA, 01906	Payment of candidate loan, \$261.06 owed	\$50
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	\$100

RECEIVED  
 2020 JAN 21 A 8:53  
 TOWN CLERK'S OFFICE  
 TOWN OF SAUGUS, MASS.