

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

1	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	1/19 Ending Date: (6/28/17
Type 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) HOUSING AUTHARTY SAUGUS Office Sought and District 19 TALBOT ST. # 005 Residential Address E-mail: JC 2NNon33 @ COMCASTINE 7 Phone # (optional): 857-588 - 3180	Committee Name Name of Committee Treasurer Committee Mailing Address E-mail: Phone # (optional):
SUMMARY BALANC	A with total discussion
Line 1: Ending Balance from previous report	©
Line 2: Total receipts this period (page 3, line 11)	1)
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, lin	line 14) #545-49
Line 5: Ending Balance (line 3 minus line 4)	<u> </u>
Line 6: Total in-kind contributions this period (p	(page 6) \(\infty\)
Line 7: Total (all) outstanding liabilities (page 7)	7)
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-king finance activity of all persons acting under the authority or on behalf of this committee is Signed under the penalties of perjury:	ind contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 h	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 activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, rting period.
Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, tot finance activity, including contributions, loans, receipts, expenditures, disbursemer campaign finance activity of all persons acting under the authority or on behalf of the schedules of persons acting under the penalties of persons.	the best of my knowledge and belief, a true and complete statement of all campaign nents, in-kind contributions and liabilities for this reporting period and represents the

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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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	01		
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
me 10. Total Rece	The \$20 and ander (not have above)		
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	$ \phi \rangle$	← 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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			TOWN CO.
			CEIV 128 0F SAUGUS
			9: 22 OFFICE MASS.
Line 9: Total Rec	ceipts over \$50 (or listed above)		
Line 10: Total Re	ceipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	6	← Enter on page 1, line 2 ould 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.)

report all expend		mittee name and a page number or	each page.)		
	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
10/17/10	CONNOLLY	17 B Gill ST	DRINTING	Sauc 110	
10/7/19	CONNOLLY PRINTING	17 B Gill ST WOBURNINA	PRINTING SIGNS	\$545,49	
		000000000	810,00		
11					
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	22 SS. SS. SS. SS. SS. SS. SS. SS. SS. SS.				
	9: 2.				
	SS				
	28 AUG AUG				
	5 04				
0	TOWN OF				
	TOWN				
		Line 12: Total Expenditures over	er \$50 (or listed above)		
		Line 13: Total Expenditures \$50	and under* (not listed above)		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITI	TRES IN THE PEDION	& SUE UCA	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD Solve 15. 49 If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized.					

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Faid	(alphabetical fisting)	Address	Tarpose of Emperature	
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			1 2 V	
			23 4	
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			ZOIS OCT 28 / TOWN CLERK! TOWN OF SAUGU	
			28 SAU	m
	a . '		OFFICE, MASS	
			22 188.	
				1,
		-		
		Line 12: Ermanditures	r \$50 (or listed above)	
		Line 12: Expenditures over		
		Line 13: Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4	→ Line 14: TOTAL EXPEN	DITURES IN THE PERIOD	6

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
(E)	9. SPFICE			1	
ECE/	LERK'S SAUGUS,				
	TOWN CL				
7 F 1 2 2					
Ţ., Ç.,					
·		Line 15: In-Kind Contributions	over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed abové)			
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	Ø	

^{*} 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
				181
			ZOIS OC TOWN	3
			2019 OCT 28 A 9: 23 TOWN OF SAUGUS, MASS.	
			9: 23 DEFICE MASS:	Э
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	Ø

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178 Gill Street, Wohum MA 01801 • 781-932-8885 Connolly Printing.com • 800-406-7206 Fax: (781) 932-8544

Email: kevinc@connollyprinting.com

Website: http://www.connollyprinting.com

 Date
 Invoice #

 10/7/2019
 27662

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Committe to Elect John Cannon 19 Talbot Street Apartment# 005

Saugus, MA 01906	6				
P.O. No.	Terms	Due Date	Rep	Shin	-
	due on receipt	10/14/2019	KC		

	Description	Item Code	Quantity	CONNOLLY PRINTING
Product: Business Card		BC1001	100	178 GIII 51
• 3.5 in x 2 in Business Card				781-932-885
	CCENT OPAQUE DIGITAL SMOOTH		P.	10/07/2019 10:34:31 70035059
COVER 96B 13 X 19 • Sides: Double Sided				ferminal in no
Color Prints			1	Credit Sale:
CANNON Housing Authority				Transaction #: 3 Card Type: Visa Account: Chip Entry: 27660 Amount USD\$245.49
Product: Corrugated Plastic S	ians		1	20201 4002/496
• 24 in x 18 in - Corrugated Plas			R	Ref. Number: 928014602486 007353
Double Sided			Ma	Auth. Code: 418 Batch Number: APPROVAL 007353
 Corrugated Plastic 4 mil 			H I	Kestonso
• 2 Ink Colors: Nazdar 1800 Se PMS 185 fire red	ries - Reflex Blue, Nazdar 1800 Series	`.	ĬÁ	
Elect JOHN CANNON Housing Authority #4 on Ballot			ÅRC APP	##D: 808000800 TYR: 060E1203603000 ### 060E1203603000 #### 060E1203603000 ###############################
			50	Inank sou
Product: Frames or Stakes			,	
• 50 H-Frame				
		*		
	UL Commelle Deletine	M	Subtotal	\$513.40

Thank you for doing business wit	n Connolly Printing.
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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 reasonable attorney's fee due to litigation arising out of collection of any unpaid amounts owed by customers. Pricing assumes a 2% discount for cash or checks. The 2% cash discount does not apply to credit cards and will be added back.

Subtotal:	\$513.40
(6.25%)	\$32.09
Total:	\$545.49
Payments/Credits	\$0.00
Balance Due	\$545.49