



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF PEABODY

2019 OCT 28 AM 9: 37

File with: City or Town Clerk of Election Commission

CITY CLERK

Fill in Reporting Period dates: Beginning Date: 1/23/19 Ending Date: 10/18/19

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Thomas J Rossignoll
Candidate Full Name (if applicable)
COUNCILOR @ LARGE
Office Sought and District
14 Rutledge Rd
Residential Address
E-mail: Ross, Tom ROBI @ COMCAST.NET
Phone # (optional): (978) 535-1042

Committee to Elect Tom Rossignoll
Committee Name
John Cimon
Name of Committee Treasurer
14 Rutledge Rd.
Committee Mailing Address
E-mail: Tom_Rossignoll @ yahoo.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>734.85</u>
Line 2: Total receipts this period (page 3, line 11)	<u>7,034.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>7,768.85</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>3,190.17</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>4578.68</u>
Line 6: Total in-kind contributions this period (page 6)	<u>87.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>EASTERN 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: John Cimon (Treasurer's signature) Date: 10/27/19

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: 10/27/19

SCHEDULE A: RECEIPTS

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/10	A/PEREN Mike 6 VIDETTA ST PEABODY	200.00	PRESIDENT ALL STATE STAFFING
6/9	Amico JOE 7 JAMES ST PEABODY 01960	50	
" "	Ankeles DAVID 7 WILCOTT LAND ST PEABODY MA	100	
6/9	AYLWARD Bill 7 VIOLET Rd PEABODY MA	50	
" "	BARRETT, MATT 16 CEDAR GROVE AVE PEABODY	100	
" "	BARRETT, JOYCE 18 RUTLEDGE RD.	50	
" "	BETTER COURT, TED i AMERICA DR. PEABODY	100	
" "	BEVINS Rosemary 14 AUGUSTA DR.	50	
6/9	BLANCHARD KAREN 23 HARRISON AVE PEABODY	50	
" "	Bon Santi, Len 20 OLSEN RD PEABODY MA	50	
" "	Bon Santi, MICHAEL 7 DANA RD PEABODY MA	50	
6/6	BRAND LEN 8 E EDGEWOOD WAY 187 PEABODY	50	
6/2	Buckley Adam 12 CASTLE CTR. PEABODY MA	50	
Line 9: Total Receipts over \$50 (or listed above)		950	
Line 10: Total Receipts \$50 and under* (not listed above)		625	
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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

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)
6/9	379 Lowell St Buckley, Todd	50.00	
6/1	52 CATHERINE DR Peabody Caldwell, BOB	360.00	RETIRED.
6/2	15 FORENZA Rd Peabody MA ColBERT, Ed	50	
6/9	7 Reo Rd Peabody CURCIO, JEN	50	
" "	CHAREST, ED 7 Columbus Rd DELP, Jeanne 13 Garnite Rd.	50 50	
" "	Denisco Heidi 6 Andrews Brothers Way	50	
" "	16 Rutledge rd Peabody DORGAN, Kevin	100	
" "	Flewelling, Dwight	50	
" "	20 THUR Rd Peabody MA GRAVEL, DAVID	50	
" "	10 HERRICK Rd HERBERT, BRIAN	75.	
" "	3 monson Dr Holden, Jill	50	
" "	99 Lynn Field St Peabody MA Holder MARETHA	50	
Line 9: Total Receipts over \$50 (or listed above)		1,035	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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

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)
6/9	47 Winona St. Iannolfo, Guido	50	
" "	737 Lowell St Peabody MA JAS PER, Nancy	50	
" "	5 Buford Rd. Jenkins, DIANE	50	
" "	14 Skytop Dr Manchester MA 01944 KATSOU LAS, PETER	100	
" "	7 Rutledge Rd Peabody Kominiski, STEVE	100	
" "	KRINSKY, MARTIN 22 Eisenhow Rd Peabody	50	
6/9	Levine, HERB 74 Hamilton Rd Peabody McGency DAVID	180 50	
6/2	MITCHELL, PHIL 6 SASITA Circle Peabody	50	
6/1	MOTZKIN, JOE 15 N Hill Dr Lynnfield 01940	100	
6/9	NEVINS SUE 5 MERRIMACK RD	50	
6/9	ODONNELL, BETH 12 ETHEL AVE Peabody	50	
6/9	PIMENTAL, ARTHUR 6 Jersey Ln Middleton MA 01949	100	
Line 9: Total Receipts over \$50 (or listed above)		900	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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

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(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)
6/9	RICHARD, PHIL 24 Eisen House Rd Peabody MA	100	
" "	ROACH, JESS 11 Mead St Peabody	50	
" "	ROSSIGNOL, THOMAS 5 Stagg Rd DANVERS 01923	100	
" "	RYAN, DEB 13 Olsen Rd Peabody	50	
" "	SACRAMONE, JOHN 13 Brentwood Dr Peabody MA	50	
" "	SPELIOTIS, TED. PO Box 237 DANVER MA 01923	100	
" "	TANCH, JAMIE 33 Northern Ave Beverly MA 01915	100	
6/1 6/9	TODISCO, PAT 15 Jennise Lane Peabody	200 100	OWNER Todisco Towing
6/9	TURCO, JON 161 Lynnfield St Peabody	50 900	
" "	VASCONCELOS, ELIO. 9 Granite Rd Peabody	80	
6/9	WALSH, TOM 170 Lynnfield St Peabody MA	50	
6/1 6/9	WEBB, TRACEY 6 Hilltop Dr Wenham MA 01984	250 250	SALES DIRECTOR Boston Beauty Supply Co.
Line 9: Total Receipts over \$50 (or listed above)		1530	
Line 10: Total Receipts \$50 and under* (not listed above)		830	
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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

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)
6/9	Wood, BOB 278 FOREST ST Pensacola	100	
6/9	Wood, LIANE 22 ARNOLD Rd Pensacola	50	
6/1	Wong, Lillian 58 CATHERINE DR Pensacola	100	
6/9	ZAMMER, MARIE 25 Longview way	100	
Line 9: Total Receipts over \$50 (or listed above)		350	
Line 10: Total Receipts \$50 and under* (not listed above)		814	
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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 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
6/9	BLACK BOX.	22 FOSTER ST PEABODY MA	HALL RENTAL	200. ⁰⁰
6/9	JADE RESTAURANT	4 BOURBON ST PEABODY MA	Food for Fundraiser	490. ⁰⁰
6/1 9/7	JOURNEY MAN PRESS	11 MALCOM HOYT DR Newbury PLS MA 01950	INVITES FOR FUNDRAISER PALM CARDS	653. ⁶² 496. ¹⁹
8/23	NORTHROP PRINTING	919 WINTHROP AVE REVERE MA 02151	Signs	924. ³⁸
6/13	PARTY CITY	34 CAMBRIDGE ST BURLINGTON MA 01803	DECORATIONS FOR FUNDRAISER	154. ¹²
4/30	POST OFFICE	4 ESSEX CENTER DR PEABODY MA 01960	POSTAGE FOR INVITATIONS	165. ⁰⁰
9/28/19	STAPLES	230 INDEPENDENCE WAY DANVERS MA 01923	DEAR FRIEND CARDS	116. ⁸⁶

Line 12: Total Expenditures over \$50 (or listed above)	3,190. ¹⁷
Line 13: Total Expenditures \$50 and under* (not listed above)	Ø
Line 14: TOTAL EXPENDITURES IN THE PERIOD	3,190.¹⁷

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

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
6/9	Rose BEVIN'S	18 AUGUSTUS ST PEABODY MA 01966	TABLE + CHAIRS for fundraise	87. ⁰⁰
Line 15: In-Kind Contributions over \$50 (or listed above)				87. ⁰⁰
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				87.⁰⁰

* 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