



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ELECTION DEPT.
SOMERVILLE, MA

File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.

2017 JAN 20 A 11: 25

Fill in dates: Reporting Period Beginning SEP 10 22 2011 Ending 12 31 2011

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

SEAN J. FITZGERALD
 Full Name of Candidate (if applicable)
ALDERMAN AT LARGE
 Office Sought and District
46 CARROLLAN AVENUE
 Residential Address
SOMERVILLE MA 02144
(617) 628-2489 Tel. No. (optional)

FRIENDS OF SEAN J. FITZGERALD
 Committee Name
RACHAEL CRACKNELL
 Name of Committee Treasurer
46 CARROLLAN AVENUE
 Committee Mailing Address
SOMERVILLE MA 02144
(617) 628-2489 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 2318.85
Line 2: Total receipts this period (page 2, line 11)	\$ 4450.00
Line 3: Subtotal (line 1 plus line 2)	\$ 6768.85
Line 4: Total expenditures this period (page 3, line 14)	\$ 7565.04
Line 5: Ending balance (line 3 minus line 4)	\$ 0 <u>703.81</u>
Line 6: Total in-kind contributions this period (page 4)	\$ 0
Line 7: Total (all) outstanding liabilities (page 4)	\$ 800
Line 8: Name of bank(s) used	<u>W WISE HILL 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.
Rachael Cracknell Signed under the penalties of perjury: 1-20-12
 Treasurer's signature (in ink) Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 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.
 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 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.
[Signature] Signed under the penalties of perjury: 1-20-12
 Candidate signature (in ink) 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.

This page may be copied 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)
10-25-11	LUCIO Bolognese 457 LYNNFIELD STREET LYNN, MA 01904	100	00	
10-27-11	PHILIP LARBY 91 FRANKLIN STREET SOMERVILLE MA 02145	100	00	
10-27-11	APPROXIMATE TO ELECT TIM ARCLERO P.O. # 521 WESTBORO MA 01941	100	00	
10-27-11	EUSEB COSTA 3 MONROSE STREET SOMERVILLE MA 02143	50	00	
10-26-11	AMY DOMINICK 140 RAMSWATER STREET EAST BOSTON MA 02128	50	00	
10-23-11	KENNETH DONNELLY 12 GRANDVIEW ROAD ARLINGTON MA 02476	100	00	
11-6-11	ALEXANDER FELDMAN 80 ROBERTS AVENUE SOMERVILLE MA 02144	50	00	
10-27-11	JOHN FIGUEIREDO 18 LOWARD AVENUE SOMERVILLE MA 02144	100	00	
10-27-11	THOMAS FITZGERALD 1124 WINNIFORD AVENUE WINNIFORD CT 06095	250	00	ATTORNEY OWNER, SURVIVOR FITZGERALD
10-27-11	PATRICK GRACE 29 WIGGLESWORTH STREET SOMERVILLE MA 02145	50	00	
11-3-11	MELISSA HILFER 97R FRANKLIN STREET SOMERVILLE MA 02145	100	00	
10-27-11	ANNE HOWROUD 155 MOUNTAIN ROAD MANCHESTER CT 06040	25	00	
10-27-11	MICHAEL HINES 409 ROMA STREET BRAINTREE MA 02184	200	00	INSURANCE AGENT SELF-EMPLOYED
10-27-11	JAY KAUFMAN 10 MILLS ROAD LEXINGTON MA 02421	100	00	
10-25-11	SAMUEL KRAMER 91 WARWICK STREET QUINCY MA 02170	250	00	AUTO REPAIR SELF-EMPLOYED
Line 9: Total receipts in excess of \$50 (or listed above)		3700	00	
Line 10: Total receipts \$50 and under* (not listed above)		750	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4450	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.

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This page may be copied 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)
11-4-11	RALPH MALIN 27 DERRIFORD SQUARE DRIVE BUZZARDS BAY MA 02532	500 00	REAL ESTATE SELF-EMPLOYED
10-27-11	ADELINE MANNION 34 BOW STREET SOMERVILLE MA 02143	200 00	TEACHER EAST BOSTON SCHOOL SYSTEM
10-27-11	ROBERT MCGOWAN 18 THORNDIKE STREET SOMERVILLE MA 02144	50 00	
11-7-11	CHARLOTTE MERPELL 90 JOSEPHINE AVENUE SOMERVILLE MA 02144	125 00	
10-27-11	FEARVAL O'DOOLE 97 FRANKLIN ST SOMERVILLE MA 02145	100 00	
11-5-11	STEPHEN POST 86 LOWDEN AVENUE SOMERVILLE MA 02144	50 00	
11-3-11	STEPHAN POWERS 29 THORNBERRY ROAD WINCHESTER MA 01890	100 00	
10-27-11	DENISE PROJEZ 20 ALBION STREET SOMERVILLE MA 02143	25 00	
10-27-11	NICOUE QUINN 32 HOBKINS STREET GLOUCESTER MA 01930	25 00	
11-2-11	ROBERTY SHANNON P.O. Box 534 WINCHESTER MA 01890	100 00	
10-26-11	MICHAEL SHANNON 108 MAIN STREET MARTINE TOWN MA 02129	100 00	
10-27-11	JAMES WALSH 2 MARSHALL PLACE MA 02129	100 00	
11-7-11	SCOTT WHALEN WRENTHAM MA	500 00	POLICE OFFICER CITY OF SOMERVILLE
11-6-11	T BRADON WILSON 34 JOSEPHINE AVENUE SOMERVILLE MA 02144	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)		3700 00	
Line 10: Total receipts \$50 and under* (not listed above)		250 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4450 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.

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	0			
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

* 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.

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
11-7-11	SEAN FITZGERALD	406 GARIBOLDI AVE SOMERVILLE MA 02144	CAMP TO CAMPAIGN	\$400
11-14-11	SEAN FITZGERALD	406 GARIBOLDI AVE SOMERVILLE MA 02144	CAMP TO CAMPAIGN	\$400-
Line 18: OUTSTANDING LIABILITIES (ALL)				\$800

Enter on page 1, line 7