



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

Fill in Reporting Period dates: Beginning Date: Ending Date:

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)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="11,492.33"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="4,355"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="15,847.33"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="6,418.22"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="9,429.11"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="Somerville Municipal Federal Employees Credit Union"/>

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 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.

Signed under the penalties of perjury: (Candidate's signature) 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.

(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)
	SEE ATTACHED		SEE ATTACHED
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		4,355	← 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.

DENNIS M. SULLIVAN FORM CPF M102 Schedule A: Receipts

12/31 OCPF Last Name	First Name	Address	City	State	Zipcode	Donation	Employer/Other
11/8/13	Akgun	237 Holland Street	Somerville	MA	02144-2402	\$ 200.00	Owner, Istanbul'Lu
11/8/13	Busnach	175 Summer St	Somerville	MA	02143-2500	\$ 100.00	
11/8/13	Carreiro	34 Florence Street	Somerville	MA	02145	\$ 50.00	
11/8/13	Case	9-11 Crest Hill Road	Somerville	MA	02145	\$ 50.00	
11/8/13	Cassinelli	100 Vernon Street #3	Somerville	MA	02145	\$ 500.00	President, Painted Burro, Inc.
11/8/13	CTE John M. Connolly	POB 463	Somerville	MA	02144	\$ 275.00	Reimbursement, Senior Parties
8-Nov	CTE William White	125 Ten Hills Road	Somerville	MA	02145	\$ 375.00	Reimbursement, Senior Parties
11/8/13	Defar	147 Broadway	Somerville	MA	02145	\$ 200.00	Owner, Fasika
11/8/13	Digiroiamo	424 Broadway	Somerville	MA	02145	\$ 150.00	
11/8/13	Doane	47 Craigie Street	Somerville	MA	02143	\$ 50.00	
11/8/13	DOUCETTE	MEDFORD STREET	SOMERVILLE	MA	02145	\$ 100.00	
11/8/13	Erb	52 Franklin St	Somerville	MA	02145-4207	\$ 100.00	
11/8/13	Espinal	38 Florence St	Somerville	MA	02145	\$ 100.00	
11/8/13	French	58 Fremont Street	Somerville	MA	02144	\$ 100.00	Chapter 3 Firemen & Oilers Local 615
11/8/13	Gabriel	P.O. Box 290423	Charlestown	MA	02129	\$ 50.00	Oilers Local 615
11/8/13	Guzman	858 Broadway	Somerville	MA	02144	\$ 25.00	
11/8/13	Hurley	112 Maple Street, Apt. 8	Malden	MA	02148	\$ 100.00	
11/8/13	Jick	81 Holland Street	Somerville	MA	02144	\$ 50.00	
11/8/13	King	15 Union Wharf	Boston	MA	02109	\$ 100.00	
11/8/13	Lavetty, Jr.	75 Cambridge Parkway, Suite 100	Cambridge	MA	02142-1229	\$ 50.00	
11/8/13	Li	626C Somerville Ave.	Somerville	MA	02143-3206	\$ 200.00	CEO, Chow N' Joy
11/8/13	Lianos	74 Bacon Street Spot 2	Waltham	MA	02451	\$ 100.00	
11/8/13	Macaluso	7 Cedar Street Place	Somerville	MA	02143-2233	\$ 100.00	

DENNIS M. SULLIVAN FORM CPF M102 Schedule A: Receipts

11/8/13	Mannion	Thomas	12 Silvey Place	Somerville	MA	02143	\$	50.00	IUPAT District Council
11/8/13	Migliore	Vincent	76 Broadway	Somerville	MA	02144	\$	100.00	
11/8/13	Ragno	John & Louise	12 Otis Street	Somerville	MA	02145	\$	30.00	
11/8/13	Selhi	Vijay	8 Sawyer Street	Medford	MA	02155	\$	100.00	
11/8/13	Shima	Andi and Luan	23 Washington Street	Somerville	MA	02143	\$	150.00	
11/8/13	Spartichino	Joan	74 Washington Street #210	Somerville	MA	02145	\$	50.00	IUPAT District Council
11/8/13	Sullivan	Jeffrey	25 Colgate Road	Roslindale	MA	02131	\$	150.00	#35 Principal Consultant, Telecommunications
12/27/13	Trane	Paul	70 East Emerson St	Melrose	MA	02176	\$	500.00	Insight Group
10/28/13	Vanburskirk	Kenneth	114 Highland Ave #302	Somerville	MA	02143	\$	100.00	
							\$	4,355.00	

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
10/21/2013	Vinny's Restaurant	76 Broadway Somerville MA 02145	Catering for Senior Campaign Party	100
10/22/2013	Vinny's Restaurant	76 Broadway Somerville MA 02145	Catering for Senior Campaign Party	100
10/23/2013	Vinny's Restaurant	76 Broadway Somerville MA 02145	Catering for Senior Campaign Party	100
10/28/2013	Vinny's Restaurant	76 Broadway Somerville MA 02145	Catering for Senior Campaign Party	100
10/29/2013	Vinny's Restaurant	76 Broadway Somerville MA 02145	Catering for Senior Campaign Party	100
10/29/2013	Somerville Times	699 Broadway Somerville MA 02145	Election ad in 10/30 edition	360
11/8/2013	Cambridge Offset Printing	56 Creighton Street Cambridge MA 02140	9,500 political mailers and postage	4,393.33
11/13/2013	Somerville News Weekly	POB 117 Somerville MA 02143	Election ad in 10/22, 10/29 and 11/5 editions	300
11/26/2013	Santa Maria Scholarship	Somerville MA	charitable	100
11/10/2013	M2 Creative	15 Sylvanus Wood Lane Woburn MA 01801	design work	100
11/10/2014	Liz Feitelberg Photography	122 Common Street Quincy MA 02169	photography	100
11/18/2014	Post 19	124 Highland Ave Somerville MA 02143	charitable	25
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures 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
	<i>none</i>			
				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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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
		<i>none</i>		
				Line 18: OUTSTANDING LIABILITIES (ALL)

Enter on page 1, line 7

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input style="width: 90%;" type="text" value="12-21-13"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Melissa J. Sullivan"/>
Committee Name:	<input style="width: 95%;" type="text" value="CTE DENNIS MICHAEL SULLIVAN"/>
CPF ID Number (if applicable):	<input style="width: 200px;" type="text"/> Telephone Number (optional): <input style="width: 150px;" type="text" value="(617) 628-1857"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10-21-13	BJ's Wholesale	278 Middlesex Ave Medford MA 02155	Paper Plates for Senior Supper Parties.	\$27.92
10-23-13	Stop & Shop	Somerville MA (Store #2411)	Soda & Water for Senior Supper Parties.	\$34.25
11-1-13	GoDaddy.com	GoDDDY.COM	Web site hosting for campaign website: aldermansullivan.org	\$71.88
12-18-13	CVS/pharmacy	2 Center Plaza, Boston MA	Candy Canes for Senior Christmas parties	\$13.94
10-29-13	United States Post Office	Fort Point Station Boston, MA 02205	600 1st class stamps for targeted campaign mailing.	\$276.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 95%;" type="text"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 95%;" type="text"/>
Line 3: TOTAL AMOUNT REIMBURSED:	439.89

Signed under the penalties of perjury:

Melissa J. Sullivan
Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.

