



# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

ELECTIONS COMMISSION

Commonwealth of Massachusetts

File with:  
City or Town Clerk or Election Commission

2015 JAN 26 A 11: 08

Please print or type all information, except signatures.

### Fill in dates:

Reporting Period Beginning 01 01 2014 Ending 12 31 2014

CITY OF BROCKTON, MA

### Type of report: (Check one)

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

Thomas J. Minichiello, Jr.  
Full Name of Candidate (if applicable)  
Brockton School Committee Ward 1  
Office Sought and District  
49 Margery Road  
Residential Address  
Brockton, MA 02301  
Tel. No. (optional) 508-944-4700

Committed to Elect Tom Minichiello  
Committee Name  
George Gelia  
Name of Committee Treasurer  
49 Margery Road  
Committee Mailing Address  
Brockton, MA 02301  
Tel. No. (optional) 508-944-4700

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>4442.90</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>100.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>4542.90</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>797.97</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>3744.93</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0.00</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:

Treasurer's signature (in ink)

Date

1/20/15

### 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.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

1/20/15

**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)
1/14/14	Sandra A. Walsh 10 Harvestwood Lane, N. Easton, 02356	\$ 100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		100	00	
Line 10: Total receipts \$50 and under* (not listed above)		-		
Line 11: TOTAL RECEIPTS IN THE PERIOD		100	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
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.

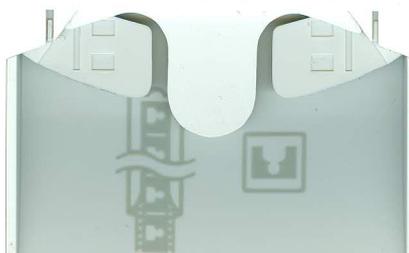
### SCHEDULE D: LIABILITIES

*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
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 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: 12-19-14

Name of Individual Being Reimbursed: Tom Minichiello

Committee Name: Committee to Elect Tom Minichiello

CPF ID Number (if applicable): \_\_\_\_\_ Telephone Number (optional): 508-944-4700

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/4/14	Walmart	700 Oak St. Brookline, MA 02301	PAC Fundraiser (Harvard)	\$84.97
12/18/14	Baker - Polito Inaugural Committee	1505 Commonwealth Ave 5th Flr Brighton, MA 02135	Political Fundraiser	\$100.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): \$184.97

Line 2: Expenditures \$50 or under (not itemized): —

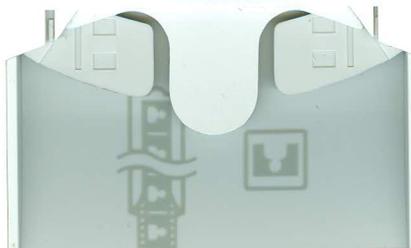
Line 3: TOTAL AMOUNT REIMBURSED: \$184.97

Signed under the penalties of perjury:

[Signature] \_\_\_\_\_ Date: 1/20/15

Signature of Candidate / Treasurer

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





Commonwealth of Massachusetts

# Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

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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: 1/9/14

Name of Individual Being Reimbursed: Tom Minichiello

Committee Name: Committee to Elect Tom Minichiello

CPF ID Number (if applicable): \_\_\_\_\_ Telephone Number (optional): 508.944.4700

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
1/4/14	Tuxedos by Merian	137 Main Street Brookton, MA 02301	Inaugural Ball	68.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 68.00

Line 2: Expenditures \$50 or under (not itemized): —

Line 3: TOTAL AMOUNT REIMBURSED: 68.00

Signed under the penalties of perjury:

[Signature] Date: 1/20/15

Signature of Candidate / Treasurer

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

