



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: August 31, 2019 Ending Date: October 18, 2019

Type of Report: (Check one)

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

William Bryant

Candidate Full Name (if applicable)

Municipal, West Methuen

Office Sought and District

22 University Lane, Methuen, MA 01844

Residential Address

E-mail: bryantwestcitycouncil@gmail.com

Phone # (optional): _____

Committee to Elect Bill Bryant

Committee Name

Angela M. Kalivas

Name of Committee Treasurer

22 University Lane, Methuen, MA 01844

Committee Mailing Address

E-mail: akalivas@verizon.net

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

2,142.65

Line 2: Total receipts this period (page 3, line 11)

3,131.15

Line 3: Subtotal (line 1 plus line 2)

5,273.8

Line 4: Total expenditures this period (page 5, line 14)

646.26

Line 5: Ending Balance (line 3 minus line 4)

4,627.54

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

2,000

Line 8: Name of bank(s) used: Enterprise Bank

RECEIVED
CITY CLERK'S OFFICE
METHUEN, MA
2019 OCT 28 PM 3:29

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: Angela M. Kalivas (Treasurer's signature) Date: Oct 28, 2019

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: William S. Bryant (Candidate's signature)

Date: Oct 28, 2019

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)
09/02/2019	Andelman, Lynn 2 Pendant Circle Andover, MA 01810	100	
09/07/2019	Angelo, Stephen, Jr. 20 Washington Street, Unit 26 Methuen, MA 01844	50	
09/03/2019	Archetti, Michael 142 Pleasant Valley Street Methuen, MA 01844	50	
09/07/2019	Beauchesne, Lynne 42 Summer Street Methuen, MA 01844	50	
09/07/2019	Bergeron, Serge 84 North Street Methuen, MA 01844	50	
09/07/2019	Bergeron, Vicki 84 North Street Methuen, MA 01844	50	
09/08/2019	Bryant, Daniel 2 Birchmeadow Road Amesbury, MA 01913	150	
09/07/2019	Casarno, Erika 48 Harris Street Methuen, MA 01844	40	
09/07/2019	Conception, Tivo 314 Broadway Methuen, MA 01844	50	
09/07/2019	Cooper, David 80 Hampshire Street Methuen, MA 01844	40	
09/07/2019	Deeb, Dennis II 50 Concord Street Methuen, MA 01844	25	
09/07/2019	Eason, Paul 26 Garfield Street Methuen, MA 01844	30	
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			← 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)
09/07/2019	Eason, Tammi 26 Garfield Street Methuen, MA 01844	30	
10/01/2019	Eason, Tammi 26 Garfield Street Methuen, MA 01844	50	
09/07/2019	Femel, Laura 85 Hillcrest Avenue Methuen, MA 01844	50	
09/07/2019	Fitzgerald, Karen 122 Anderson Drive Methuen, MA 01844	50	
09/07/2019	Fluet, Diane 91 Chippy Lane Methuen, MA 01844	50	
09/07/2019	Ford, Michael 24 Dwight Street Methuen, MA 01844	50	
09/07/2019	Gallo, Desiree 59 Myrtle Street Methuen, MA 01844	100	
09/28/2019	Harris, Sidney 2 Apple Blossom Way Methuen, MA 01844	100	
09/12/2019	Horan, Cheryl 10 Pheasant Hill Lane Methuen, MA 01844	50	
09/07/2019	Infantine, Susan 6 Hartshorne Way Methuen, MA 01844	30	
09/07/2019	Kannan, Jennifer 10B Grandview Road Methuen, MA 01844	100	
09/04/2019	LeBlanc, Robert 2 Gaythorne Road Methuen, MA 01844	100	
	See Attachment for additional receipts	1,586.15	
Line 9: Total Receipts over \$50 (or listed above)		3,031.15	
Line 10: Total Receipts \$50 and under* (not listed above)		100	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3,131.15	← 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.

Attachment 1 to Schedule A: Receipts

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/5/19	Levesque, Mil 11 Wallace Street Methuen, MA 01844	100	
9/7/19	Lyons, Charles 16 Emmons Way Methuen, MA 01844	100	
9/3/19	Malis, Judee 92 Sherwoon Drive Methuen, MA 01844	26.11	
9/3/19	Malis, Stuart 92 Sherwood Drive Methuen, MA 01844	26.12	
9/9/19	McDonnell, Michael 1 Treetrunk Lane Methuen, MA 01844	50	
9/7/19	Michaud, Richard 9 Hadleigh Road Methuen, MA 01844	250	retired
9/7/19	Moreira, Kate 127A Pelham Street Methuen, MA 01844	30	
9/7/19	Numez, Jackie 314 Broadway Methuen, MA 01844	50	
9/7/19	Panas, Sheri 33 Causeway Street Methuen, MA 01844	60	
9/4/19	Pearson, Lisa 12182 Windermere Crossing Cr. Winter Garden, FL 34787	50	
9/7/19	Pinto, Joseph 80 Clayton Avenue Methuen, MA 01844	30	
9/7/19	Pinto, Julie 80 Clayton Avenue Methuen, MA 01844	30	

	Ramy, Andre 42 Old Coach Road Salem, NH 03079	52.23	
9/4/19	Ranno, Nichole 42 Harris Street Methuen, MA 01844	20	
9/7/19	Rowe, Michelle 8 Giles Street Methuen, MA 01844	52.23	
9/6/19	Rowe, William 8 Giles Street Methuen, MA 01844	52.23	
9/6/19	Roy, Hervey 15 Campus Road Methuen, MA 01844	400	retired
9/17/19	Ruffini, Virginia 1 Arrowwood Street Methuen, MA 01844	50	
9/7/19	Sierra, Christine 19 Carriage Way Methuen, MA 01844	30	
9/7/19	Simard, Michael 18 Arrowwood Street Methuen, MA 01844	50	
9/7/19	Vega, Nardy 14 Cornish Road Lawrence, MA 01841	25	
10/11/19	Zecchini, Robert 30 Lake Street Salem, NH 03079	52.23	

TOTAL Receipts Attachment 1 1586.15

Attachment page 2

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.)

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 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.)

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. Page 4

SCHEDULE B: EXPENDITURES (continued)

* 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	NONE			
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

* 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.

Enter on page 1, line 7 -

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

2,000