



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: Aug 20, 2019 Ending Date: Aug 31, 2019

Type of Report: (Check one)

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

Allison Saffie
 Candidate Full Name (if applicable)
 Methuen West District City Counsel
 Office Sought and District
 85 Myrtle St Methuen, MA 01844
 Residential Address
 E-mail: allisonmsaffie@gmail.com
 Phone # (optional): 978-809-0618

Anne Saffie
 Committee Name
 Name of Committee Treasurer
 85 Myrtle St Methuen, MA 01844
 Committee Mailing Address
 E-mail: bamhan@aol.com
 Phone # (optional): 978-689-9774

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	325
Line 3: Subtotal (line 1 plus line 2)	325
Line 4: Total expenditures this period (page 5, line 14)	326.11
Line 5: Ending Balance (line 3 minus line 4)	-1.11
Line 6: Total in-kind contributions this period (page 6)	394.97
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	TD Bank

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: Anne Saffie (Treasurer's signature) Date: Sep 5, 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: Allison Saffie (Candidate's signature) Date: Sep 5, 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)
Aug 29, 2019	Michael Simard 18 Arrowood St Methuen, MA 01844	50	
Aug 29, 2019	Jessica Finocchiaro PO Box 882 Methuen, MA 01844	50	
Aug 29, 2019	William Pare 11 Abbey Rd Methuen, MA 01844	30	
Aug 29, 2019	David O'Neil 5 Alfred St Methuen, MA 01844	25	
Aug 29, 2019	Anne Saffie 85 Myrtle St Methuen, MA 01844	20	
Aug 29, 2019	Neil Perry 121 Hampstead St Methuen, MA 01844	50	
Aug 29, 2019	Thomas Lussier 5 East St Methuen, MA 01844	100	
Line 9: Total Receipts over \$50 (or listed above)		100	
Line 10: Total Receipts \$50 and under* (not listed above)		225	
Line 11: TOTAL RECEIPTS IN THE PERIOD		325	← 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)

Line 9: Total Receipts over \$50 (or listed above)	<input type="text"/>
Line 10: Total Receipts \$50 and under* (not listed above)	<input type="text"/>
Line 11: TOTAL RECEIPTS IN THE PERIOD	<input type="text"/>

← 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
Sep 1, 2019	Valley Patriot	75 Main St N. Andover, MA 01845	Campaign Ad	99
Aug 23, 2019	U.S. Post Office	272 Broadway Methuen, MA 01844	Stamps	55
Aug 17, 2019	Staples	staples.com	Campaign T shirts	122.61
Aug 28, 2019	Queensboro Shirt Co.	1400 Marstellar St Wilmington, NC 28401	Campaign Hats	49.5
Line 12: Total Expenditures over \$50 (or listed above)				326.11
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				326.11

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.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50 (or listed above)		
		Line 13: 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Aug 29, 2019	MARKET BASKET	69 Central St Salem, NH 03079	Food for Meet & Greet	148.97
Aug 19, 2018	Big Daddy's Signs	24 Lexington Drive Ste 1 Laconia, NH 03246	Campaign Yard Signs	269
Line 15: In-Kind Contributions over \$50 (or listed above)				417.9
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Line 17: TOTAL IN-KIND CONTRIBUTIONS				417.9

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. Page 6

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

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**

Date of this notice: 08-06-2019

Employer Identification Number:
84-2634704

Form: SS-4

Number of this notice: CP 575 A

ALLISON SAFFIE
85 MYRTLE ST
METHUEN, MA 01844

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER.

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-2634704. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120POL

04/15/2020

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is ALLI. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.